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COMMISSION OF INQUIRY INTO THE
USE OF DRUGS AND BANNED PRACTICES
INTENDED TO INCREASE ATHLETIC PERFORMANCE

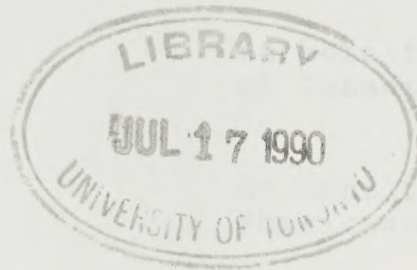
B E F O R E:

THE HONOURABLE MR. JUSTICE CHARLES LEONARD DUBIN

HEARING HELD AT 1235 BAY STREET,
2nd FLOOR, TORONTO, ONTARIO,
ON FRIDAY, SEPTEMBER 8, 1989

VOLUME 81

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C O U N S E L:

R. ARMSTRONG, Q.C.
Ms. K. CHOWN

on behalf of the
Commission

J. DePENCIER

on behalf of the Government
of Canada

R. STEINECKE

on behalf of the College of
Physicians and Surgeons

R. HUGHES
E. BOOMER

on behalf of Dr. A. Artinian

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--- Upon resuming:

THE COMMISSIONER: Mr. Armstrong?

MR. ARMSTRONG: Thank you, Mr.

5 Commissioner. The next witness is Dr. Ara Artinian.

THE COMMISSIONER: Dr. Artinian.

Mr. Hughes, good morning.

MR. HUGHES: Good morning.

THE COMMISSIONER: You've got a colleague

10 here with you.

MR. HUGHES: Yes, I do. My colleague, Mr.

Boomer, is with me.

ARA ARTINIAN: Sworn.

15

THE COMMISSIONER: Mr. Armstrong?

MR. ARMSTRONG: Thank you, Mr.

Commissioner.

20 --- EXAMINATION BY MR. ARMSTRONG:

MR. ARMSTRONG:

Q. Dr. Artinian, I understand you are from

the Metropolitan Toronto area, you attended Sir Sanford

25 Fleming High School from which you graduated with your

grade 13?

A. That's right, sir.

Q. And then you attended the University of Toronto, Faculty of Medicine?

5 A. Yes.

Q. And you graduated with your M.D. in 1974?

A. Yes.

10 Q. And did you then follow a period of internship?

A. Yes.

Q. Where did you do that?

A. I did that at Toronto General Hospital.

15 Q. All right. And was that a one-year internship?

A. Yes.

Q. And after you did your one-year internship, presumably you received your licence to practise from the College of Physicians and Surgeons?

20 A. Yes.

Q. And did you then begin practising in the Toronto area?

A. Yes.

25 Q. And I understand that after a period of about a year of association with other doctors, you opened

your own practice in Bloor Street?

A. Yes.

Q. And you have practised in the Bloor
Street West area from 1976 right up to 1988, and do you
5 now practice out of premises on Crawford Street?

A. Yes.

Q. And what is the nature of your
practice?

A. It is a general practice, Mr.
10 Armstrong, with a variety of different patients of
different age groups.

Q. All right. When you were practising
during the period, oh, 1980 to 1986, '87, was it a general
practice then? You've always been a general practitioner,
15 have you?

A. Right. From 1980 to 1986, yes.

Q. Yes.

A. Yes, that's right.

A. Now, ---

20 THE COMMISSIONER: Why did you stop at '86?
Was there any special reason? You're still practising,
are you, doctor, as a general practitioner?

THE WITNESS: Yes, Mr. Commissioner.

MR. ARMSTRONG: Sorry, I was attempting to
25 cover the period in which certain witnesses testified.

THE COMMISSIONER: All right, thank you.

MR. ARMSTRONG:

Q. Then, Dr. Artinian, during the course
5 of either of your medical studies at university or
subsequently, have you made any kind of -- sorry.

During the course of your medical studies at
university or subsequently, have you made any particular
study or carried out any particular research in connection
10 with anabolic steroids?

A. Well, while I was in medical school,
sir, I took an elective and I worked under a steroid
chemist by the name of Saul Cohen, Dr. Saul Cohen, and I
took that elective for two successive years, and when I
15 graduated I read extensively about anabolics in most ---
because they are usually covered very nicely in the
publications of ACTA and Endocrinologica, and also there
was in particular one publication that was produced by a
symposium which took place in Michigan, in Wayne County,
20 in the early sixties.

And furthermore, I have read most of the ---
or actually all of the literature that's present in
Girdwood Clinical Pharmacology and Goodman and Gilman.

Q. This Dr. Saul Cohen, the steroid
25 chemist, he is not, I take it, a physician?

A. No, sir, he's a professor of chemistry.

Q. So your work or study in his elective course would be, I take it, to the chemical components of steroids and what their various chemical reactions are with the human body, is that right?

A. Well, actually it went certain steps further than that, sir.

For example, Dr. Saul Cohen had attachments with Toronto General Hospital, in spite of the fact that he was a chemist, and in a lot of ways he was studying certain clinical ways of measuring steroids in the human body.

And I had seen -- there were, for example, certain samples that would come from Toronto General Hospital, and they would say, Dr. Saul Cohen, would you do a chemical analysis on this sample and find out the concentration of the different steroids that are in it, and he also -- the gentleman was also involved in the mechanism of action of anabolic steroids?

Q. All right.

A. The different steroids.

Q. But let's just make one thing clear. Dr. Cohen was not a clinician? He did not see patients?

A. That's right, sir.

Q. Correct?

A. Correct.

Q. And he was, as you've indicated, not a physician?

A. That's right.

5 Q. And he was not trained in nor competent to, I take it, deal with the medical side effects of anabolic steroids?

10 A. As far as side effects, yes, that's right, sir. But I'm sure he could have extrapolated that from the mechanism of action of the drug.

But of course, you're perfectly right, he's not a clinician. Or he was not a clinician. I'm not sure whether the gentleman is still alive.

15 Q. All right. And, indeed, just to make it abundantly clear, he did not, in fact, during the course of his teaching, teach anything about the medical side effects of anabolic steroids?

20 A. That is correct, sir. He mainly concentrated on how to extract these things, how to measure them and how do they work, what were they broken down into and what is their basic action. Like, how do these drugs bring on certain effects.

25 Q. All right. Well, put shortly, he was concerned with the chemistry of the drugs, not their clinical uses, their clinical implementation?

A. Well, in a lot of ways, sir, the chemistry of the drug cannot be divorced from its clinical uses. The two concepts are not mutually exclusive. One follows the other.

5 Q. Then apart from this course that you took at the University of Toronto and whatever reading you have done since then, have we covered what your areas of knowledge are in respect of the use of anabolic steroids? Or your sources of knowledge?

10 A. I see, yes. Well, you have covered it.

Q. Yes, all right.

Now, tell me, during the course of your medical practice in the last ten years, have you had occasion to prescribe or administer anabolic steroids to
15 your patients?

A. Yes, I have.

Q. And what kinds of medical conditions have you, in the last ten years, prescribed anabolic steroids for?

20 A. Any type of medical conditions where protein sparing or tissue healing properties or actions are required.

Q. I'm sorry, I missed the protein what?

A. Sparing.

25 Q. Sparing?

A. That's right, sir.

Q. Sparing.

Q. I'm sorry, what do you mean by protein sparing?

5 A. In other words, any type of medical problem where there is protein wastage, and you want to spare the protein.

Q. I see.

10 A. Because the basic action of anabolics is to stimulate the synthesis of protein.

Q. All right. Now, carrying it through to the disease process, if I can -- that's probably not an appropriate term, but I think you know what I mean --- what kinds of illnesses, sicknesses, injuries, conditions, do you see in your practice over the last ten years for which you have prescribed anabolic steroids?

15 A. Well, I have seen all types of injuries and all types of burns, all types of illnesses where there -- which have an inflammatory component to their illness, anorexia conditions, asthenia, particularly the post-infectious type.

20 Now, that is a common clinical condition ---

THE COMMISSIONER: What was the last one?

THE WITNESS: Asthenia.

25 THE COMMISSIONER: What is that?

THE WITNESS: Particularly post-infectious type.

THE COMMISSIONER: What is it?

THE WITNESS: For example, if a patient
5 suffers from acute bronchitis or a type of a viral illness
or a 'flu, and the best example would be infectious mono,
but this particular condition, this condition is not just
restricted ---

THE COMMISSIONER: You administer anabolic
10 steroids for 'flu patients?

THE WITNESS: No, no, I'm talking about the
stage after the 'flu, the so-called asthenia stage,
post-infectious asthenia ---

THE COMMISSIONER: Infections? You
15 administer anabolic steroids for infections ---

THE WITNESS: No, sir. No, sir.

THE COMMISSIONER: Like antibiotics?

THE WITNESS: No, sir.

THE COMMISSIONER: All right.

THE WITNESS: I'm talking about the
20 post-infectious stage.

THE COMMISSIONER: Well, post-infectious
stage is after the infection is gone?

THE WITNESS: That's right, sir.

THE COMMISSIONER: Well, what is left to be
25

treated, then?

THE WITNESS: Well, a lot of patients complain of tiredness, fatigue, irritability, lack of appetite.

5 THE COMMISSIONER: And you administer anabolic steroids for lack of appetite?

THE WITNESS: That's right, sir.

THE COMMISSIONER: And for fatigue?

10 THE WITNESS: For the post-infectious stage, yes, sir.

THE COMMISSIONER: Only if they had the 'flu before?

15 THE WITNESS: Well, no, not necessarily. Any type of infectious diseases can do this but I was just using the example of infectious mononucleosis.

THE COMMISSIONER: You give steroids for mononucleosis?

20 THE WITNESS: No, sir, once they have recovered from the infectious mononucleosis. This doesn't happen with each and every patient who has the 'flu or doesn't happen with every patient who has the 'flu but once they have recovered say, for example, from infectious mononucleosis or the 'flu, some patients complain that they have lost considerable weightwait and they are
25 feeling tired, they are not back to their normal

activities and they just feel different.

THE COMMISSIONER: And you give anabolic steroids for that complaint, do you?

THE WITNESS: That's right, sir. That
5 complaint is called post-infectious asthenia.

THE COMMISSIONER: Well, you call it that. I just call it being tired of after the 'flu. Which most people are.

THE WITNESS: Well, most people are tired
10 during the 'flu.

THE COMMISSIONER: A lot of people are tired without the 'flu. Go ahead, sir.

MR. ARMSTRONG:

15 Q. Well, what is the medical learning on this? We have heard a lot about anabolic steroids here in the last eight months and it would be presumptuous of me to suggest that we have heard it all, but you are the first physician or indeed the first person who has
20 suggested in this hearing that one would give anabolic steroids after one has suffered a severe bout of 'flu or something like infectious mononucleosis?

A. If one is still symptomatic. If one is complaining and presenting to the physician's office,
25 complaining of lethargy, tiredness, lack of appetite and

difficulty to getting back to normal.

Now, this is also a symptom of the Epstein-Barr virus, post-infectious stage.

5 Q. Well, is there a single academic journal that recommends the use of anabolic steroids for this kind of condition that you describe?

A. Well, there are product monographs, particularly from the makers of Betadion (phonetic) that describes these conditions pretty well.

10 Q. I'm sorry, what's the name of that drug?

A. Betadion. That's not a steroid but they have published ---

15 THE COMMISSIONER: But it's not a steroid. Mr. Armstrong asked you about any learned article by any scientist or doctor who says that you use anabolic steroids for conditions that you described, post 'flu fatigue, tired, irritable. Well, I won't say any more about that.

20 Is there anything you've read or is that your own analysis?

THE WITNESS: Well, there are articles, sir, that describe the condition, but as far as what you use for them, well, one can ---

25

MR. ARMSTRONG:

Q. Well, everybody describes the condition. We all suffer from it?

A. Not everybody describes the post-
5 infectious condition. We all suffer from the 'flu, but
not every one of us goes on to develop the post-infectious
asthenia syndrome.

10

15

20

25

Q. Which, tiredness, fatigue,
irritability?

A. That would last for quite a good while.

Q. Yes.

5 A. After the flu has gone.

THE COMMISSIONER: Lack of appetite. I
see.

MR. ARMSTRONG:

10 Q. All right. Tell me one journal,
article, that you know of for this condition where a
physician recommends that a patient suffering from those
symptoms should be treated with an anabolic steroid?

15 A. Well, I don't know of any article, but
by looking at the basic action of anabolic steroids and
the mechanism action of that particular drug, that drug
would be helpful, under these circumstances. And I have
used it and it has helped patients.

20 MR. HUGHES: I don't wish to interrupt, Mr.
Armstrong, but Dr. Artinian did refer to the product
monographs that are distributed with various of these
steroids.

THE COMMISSIONER: He referred to one which
is not a steroid.

25 MR. HUGHES: Well, I am referring to one

which is for Deca-Durabolin. And I don't think that's in evidence yet, although Dr. Artinian has referred to it and it describes --

5 MR. ARMSTRONG: Just a moment now. Surely with great respect if Dr. Artinian prescribes Deca-Durabolin for that condition, he knows that and would have told us. He doesn't need the assistance of his counsel to tell him that there is some product monograph for Deca-Durabolin that suggests --

10 THE COMMISSIONER: We will get do that.

MR. HUGHES: He doesn't, but he did tell you that and with respect you can pick on some of the things he said, but not others.

15 THE WITNESS: We haven't come to Deca yet or any --

THE WITNESS: I think I said product monographs.

THE COMMISSIONER: All right. We will get to that, Mr. Hughes.

20 MR. ARMSTRONG:

Q. All right. Then, what other --

THE COMMISSIONER: Is Deca prescribed for the flu?

25 MR. HUGHES: You can ask Dr. Artinian;

unfortunately I am not a doctor.

THE COMMISSIONER: Is Deca for the flu?

THE WITNESS: No, Mr. Commissioner. Deca is not prescribed for the flu, but if somebody after the flu
5 develops the post-infectious syndrome, then it could be prescribed.

THE COMMISSIONER: I thought it was after the effects were over that you reached that stage?

THE WITNESS: That's right, right.

10 THE COMMISSIONER: Post-infectious.

THE WITNESS: Post-infectious.

THE COMMISSIONER: So, if a person has no infection but he is tired, irritable, cranky, and a loss of appetite.

15 THE WITNESS: That's right.

THE COMMISSIONER: I see. Go ahead, Mr. Armstrong.

THE WITNESS: Of course, that is dragging, it is not just a period of one week, but we are talking a
20 period of months.

THE COMMISSIONER: All right. Go ahead, Mr. Armstrong.

MR. ARMSTRONG:

25 Q. Okay. Well, I will leave Dr. Hughes to

deal with the clinical indications of Deca-Durabolin, but if he can find in there the conditions that Dr. Artinian is just referring to, it will be interesting to see.

Then what other medical conditions, Dr. Artinian, in the course of your practice do you either
5 prescribe or administer anabolic steroids for?

A. Convalescent stages, debilitating stages.

Q. Isn't that the same thing that you just
10 referred to, I mean a person post-flu, post --

A. Not necessarily because convalescence is a broader term.

Q. Yes. Okay, well, convalescence from what?

15 A. From all sorts of illnesses.

Q. Such as?

A. Such as pneumonitis, bronchitis, major surgery, injuries.

Q. What is pneumonitis?

20 A. Pneumonia.

Q. So, somebody who is recovering from or convalescing from pneumonia, it is your practice to prescribe anabolic steroids?

A. If he is still complaining of
25 tiredness, fatigue, lack of appetite, difficulty getting

back in to his normal activities.

Q. We are back to the same thing,
infectious asthenia or whatever you call it..

5 A. Well, there is some overlap between
these conditions.

Q. All right. The prescription of
anabolic steroids post major surgery that, of course,
would be a prescription made by the surgeon, would it not?

A. Not necessarily.

10 Q. I mean the immediate post-operative
care of a patient --

A. Well, we are not talking about --

Q. -- after major surgery, surely the
surgeon decides what --

15 A. Mr. Armstrong, I didn't use the word
immediate post-operative condition.

Q. I see. In any event, in your practice
you prescribed then for bronchitis --

A. I do not prescribe it for bronchitis.

20 Q. Post-bronchitis?

A. Post-bronchitis stages.

Q. All right.

THE COMMISSIONER: Is there any
post-ailment that you don't prescribe it for? I mean all
25 these symptoms usually arise after ailments, bad cold, bad

bronchitis, pneumonia, the flu?

THE WITNESS: Sure, there are lots of symptoms and there are lots of syndromes, such as clastral headaches, migraine headaches, depression, anxiety states.

5 THE COMMISSIONER: What about an anxiety state, do you use anabolic steroids for that?

THE WITNESS: No, sir.

THE COMMISSIONER: Anxiety?

10 THE WITNESS No, I don't, not specifically just for anxiety.

THE COMMISSIONER: Well, something connected with anxiety?

THE WITNESS: Yes, depending what's connected with anxiety.

15 THE COMMISSIONER: Like what?

THE WITNESS: Well, if, for example, a person is recovering from the post-infectious stage and they are also anxious on account of the fact that -- because due to the fact that they haven't been able to get
20 back to their normal activities and they feel tired and under certain circumstances, yes.

THE COMMISSIONER: I see.

MR. ARMSTRONG:

25 Q. All right. Are there any other medical

conditions, illnesses, or post-illness conditions that you prescribe anabolic steroids for?

A. Yes.

Q. What are they?

5

A. Certain types of anemia, urticaria.

Q. Sorry, anemia - what is the second condition?

A. Urticaria.

Q. In layman's terms, what is that?

10

A. Well, that would be chronic hives, hives that keep recurring.

Q. Yes.

A. And a person would have had it over six months.

15

THE COMMISSIONER: For hives?

THE WITNESS: That's right, chronic hives, not just the type of acute that subsides in about a week or 10 days, hives that keep recurring for over six months and for which there is -- one cannot identify the actual allergy that's been involved.

20

THE COMMISSIONER: How does it help hives? How does an anabolic steroid -- what property in an anabolic center would address a person with hives?

THE WITNESS: Well, they would act through the complement system.

25

THE COMMISSIONER: Those are words, Doctor,
but what does that mean?

THE WITNESS: Well, it would be impossible
to get into that without diagrams and, you know, with an
actual map of the complement system.

THE COMMISSIONER: In general language,
what ingredient of an anabolic steroid would be -- would
make hives respond to?

THE WITNESS: Well, hives, chronic hives,
has a lot to do with the immune system and the complement
system is a component of the immune system.

THE COMMISSIONER: All right. Well, go
ahead, Mr. Armstrong.

MR. ARMSTRONG:

Q. Anything else?

A. Yes.

Q. What are they?

A. Beckett's disease.

Q. What is Beckett's disease?

A. That is a condition where there is
ulceration of the mucouses, mucous membranes.

Q. Is that like having a canker in your
mouth?

A. No, sir.

Q. So, ulcers of the mucous membranes?

A. Uh-huh.

Q. And what is that? Is that to promote growth of tissue where there's been an ulcerous condition of the mucous membrane?

A. In order to heal, promote healing. As we go back to the basic mechanism of the drug, as we said, it has tissue-healing properties and tissue-building properties because in order to heal a tissue one would need multiplication and proliferation of cells. And in order to do that, one needs protein.

Protein has two major functions. It is a major chemical in the body. It has a structural and enzymatic function. If you don't have protein, one cannot actually make cell membranes or some of the elements that are present in the cell.

And if protein was not around, then a lot of the reactions in the living body could not take place at an efficient rate.

THE COMMISSIONER: What is the ingredient of an anabolic steroid that attacks the mucous problem?

THE WITNESS: Well, I just --

THE COMMISSIONER: What is in the drug that attacks the mucous problem?

THE WITNESS: As I said a minute ago, what

it does it stimulants the synthesis of protein. And as a result, it makes cells multiply.

Now, if a person has ulcers of the mucous membrane --

5 THE COMMISSIONER: Where would the ulcers be?

THE WITNESS: Well, they would be in the mouth and in the genital areas. One would have to heal those ulcers, cover them up. In order for the body to
10 heal them and cover them up, one would have to have multiplication of cells, new cells have to grow and multiply in order to heal that.

And in order to do that, one needs protein. In order to do that, one would have to stimulate protein
15 synthesis. And this is how anabolics come in.

MR. ARMSTRONG:

Q. Now -- sorry.

THE COMMISSIONER: Go ahead.

20

MR. ARMSTRONG:

Q. That kind of treatment, that is anabolic steroids, to deal with ulcers mucous membranes, I mean you are not talking about the ordinary kind of a
25 lesion that one might get in one's mouth or one's nose. I

mean, you are talking about major trauma -- or not major trauma, but major --

A. We are not talking about major traumas, Mr. Armstrong.

5 Q. I withdrew that. We are talking about major conditions in the mouth or the nose or the genital area, are we not?

A. It has nothing to do with the nose, sir; it doesn't occur in the nose.

10 Q. All right.

A. We are talking about Beckett's disease.

Q. I see.

THE COMMISSIONER: Is there a lot of Beckett's disease around?

15 THE WITNESS: A fair amount.

MR. ARMSTRONG:

Q. Well, I mean, how many -- when did you last see a patient with Beckett's disease?

20 A. About a year and a half ago.

Q. How often in the last ten years have you seen patients with Beckett's disease?

A. Well, I would be only guessing. I mean, I would have to look through my records and do a
25 statistical analysis to come up with an accurate answer.

Q. Well, go ahead and guess.

A. You want me to go through my records?

Q. No, no, but give us a rough estimate.

We are not going to hold you to it. We know it will be a
5 rough estimate. One a year?

A. More than that; probably five or six a
year.

Q. And the kind of hives that one treats
with anabolic steroids, they are not again sort of the
10 everyday ordinary garden variety hives, you indicated they
are the severe condition that keeps recurring?

A. Well, it is not exactly a severe
condition.

THE COMMISSIONER: Have you ever discussed
15 this with specialists in these particular areas? Do you
know any specialists, a dermatologist, anybody that would
normally deal with a question like lives that prescribes
anabolic steroids?

THE WITNESS: Well, the literature is --

20 THE COMMISSIONER: No, I asked you that.
Do you go to sessions with, I mean no disrespect, you are
a general practitioner, and that's a very important
practice of medicine, but you are not a specialist.

Have you ever referred a patient to a
25 specialist to see whether they should be given anabolic

steroids?

THE WITNESS: Well, the literature that is present in some of the medical journals that I received, for example, Medicine North America, and if one looks up
5 in the section of skin, and one looks up under chronic urticaria or hives, where one cannot pinpoint an element of an allergy, in other words if a person is eating strawberries and then afterwards they get hives, well, obviously, there is no sense to treat that with anabolic
10 steroids.

THE COMMISSIONER: Well, I asked you a question. Have you ever attended a conference --

THE WITNESS: Well, if I may finish --

THE COMMISSIONER: Well, you do that when I
15 finish -- have you ever attended a conference or discussed this with a specialist in these various areas that you are talking about whether they administer anabolic steroids for these type of ailments at all?

THE WITNESS: Yes, I have discussed it with
20 specialists.

THE COMMISSIONER: With a specialist?

THE WITNESS: I am refering to the literature that's present in the --

THE COMMISSIONER: Have you discussed this
25 with a specialist? Have you ever referred any patients to

a specialist with these conditions?

THE WITNESS: Yes, I do.

THE COMMISSIONER: Have you ever referred anybody with any conditions you are talking about, post-infectious fatigue, tiredness, irritability, loss of appetite, hives, or do you do that on your own?

THE WITNESS: Well, Mr. Commissioner, if they don't respond -- we had one patient one time that had Epstein-Barr virus infection. And this man was complaining of -- after he had recovered from the infection -- he was complaining of fatigue, irritability, lack of sleep, lack of appetite, and just difficulty getting back to his usual normal activities. And he didn't respond --

THE COMMISSIONER: Is that the most common complaint you see in your office?

THE WITNESS: Well, it is one of the complaints.

THE COMMISSIONER: Well, I would think that it is one of the most common, isn't it, those symptoms?

THE WITNESS: Yes, there is, but the doctor has to establish what the basis of these complaints are.

THE COMMISSIONER: All right.

THE WITNESS: Fatigue is only a symptom, it is not a diseased state.

THE COMMISSIONER: Well, I am sorry, I --

THE WITNESS: A physician has to establish whether it is due to post-infectious stage, whether it is due to diabetes --

5 THE COMMISSIONER: I understand.

THE WITNESS: -- whether it is due to thyroid dysfunction.

THE COMMISSIONER: You are saying there is an article in a learned journal that prescribes, recommends anabolic steroids for hives?

10 THE WITNESS: That's right, sir. An article, if one were to look up for the skin, medical journal that covers Medicine North America.

15 THE COMMISSIONER: What is the name of the article?

THE WITNESS: Well, I don't recall the name of the article right now, but it is Medicine North America and skin.

20 THE COMMISSIONER: What year, and what month?

THE WITNESS: Well, it comes out once a year.

THE COMMISSIONER: And is this in this every month, it is always in there?

25 THE WITNESS: It may have not been each and

every time they came out because there may not have been an article, sir, on chronic urticaria each and every time.

THE COMMISSIONER: All right. Thank you very much. Go ahead, Mr. Armstrong, you might move on.

MR. ARMSTRONG:

Q. All right. Then, are there any other conditions that your patients suffer from that you have occasion to treat with anabolic steroids?

A. Problems such as Raynaud's disease and Raynaud's phenomena.

Q. In layman's language, what are those conditions?

A. Well, it is very hard to break these to layman's terms and be still accurate.

THE COMMISSIONER: What do you tell your patient, though? The patient likes to know what is wrong with him?

THE WITNESS: Right. But I mean this is because -- the reason I am saying, sir, is because this is all evidence.

MR. ARMSTRONG:

Q. What are the symptoms?

A. You are not patients.

Q. I come in and you diagnose me as having Raynaud's disease, what is wrong with me?

A. You would have sore fingers particularly when you are exposed to cold weather.

Q. Yes.

A. And then your fingers would blanch or turn a bit white, and then they might turn a bit purplish after that. Those would be the symptoms.

THE COMMISSIONER: Frostbite?

THE WITNESS: Not necessarily, sir. It may not go all the way to frostbite.

THE COMMISSIONER: But it's on the way? Or is it anything to do with the cold weather or is that just my normal condition?

5 THE WITNESS: It's definitely aggravated, sir, by cold weather. Or by cold water. Or when an individual is working in a place that's cold, such as a refrigerator, like butchers.

MR. ARMSTRONG:

10 Q. It almost sounds like an arthritic condition, is it?

A. Not quite, sir. It's not an arthritic condition. It's a vascular condition.

15 Q. So, what, lack of circulation, then, in the fingers?

A. Well, there is no, there is no total lack because if there was total lack, as Mr. Commissioner suggested, one would get frostbite. But it's a transient disturbance of the circulation.

20 Q. So there is reduced circulation in the fingers, and what do anabolic steroids do to improve the circulation?

25 That must be what you give the steroids for, if that's what's causing the sore fingers from coldness is this lack or reduced circulation, so you give the anabolic

steroids to improve the circulation?

A. That's right, sir.

Q. And how do they do that?

A. Well, they have anti-thrombotic
5 properties and if we were to consult the Winstrol product
monograph, it would be outlined in that product monograph.

Q. For this particular condition?

A. That's right, sir.

Q. All right.

10 THE COMMISSIONER: All right, Mr.
Armstrong, please.

MR. ARMSTRONG:

Q. What other conditions are there?

15 A. Hypo-gonadism, hypo-pituitarism.

THE COMMISSIONER: What's the first one?

THE WITNESS: Hypo-gonadism.

THE COMMISSIONER: What is that?

20 THE WITNESS: That is -- well, hypo, the
opposite of hyper. Gonads, testicles. So hypo-gonadism,
under-function of testicles.

THE COMMISSIONER: Yes.

THE WITNESS: Hypo-pituitarism --
under-function ---

25 THE COMMISSIONER: We've been told that

anabolic steroids produces that type of condition, reduces the testicular activit and the size of testicles.

THE WITNESS: Well, Mr. Commissioner, that's correct; certain types of anabolic steroids do that.

THE COMMISSIONER: I see.

THE WITNESS: Certain types do the opposite.

THE COMMISSIONER: Well, which one does the opposite?

THE WITNESS: Well, testosterone would do the opposite. Testosterone and its derivatives ---

HIS LORDSHIP: Does the opposite? Testosterone is -- the administration of testosterone into the human body, right?

THE WITNESS: That's right, sir; it's present in the body.

THE COMMISSIONER: Pure testosterone, is that what you administer for that condition?

THE WITNESS: Well, the different types of testosteronees that are available, for example, ---

THE COMMISSIONER: Well, almost all anabolic steroids have some testosterone base?

THE WITNESS: Not quite, sir ---

THE COMMISSIONER: That's why they are

androgenic ---

THE WITNESS: Well, not -- you see, the thing is, if one takes the testosterone molecule and starts manipulating the side chains, one can synthesize all sorts of different compounds, where the anabolic and androgenic actions can be divorced from one another. And this is where the chemists come in.

THE COMMISSIONER: What product do you use? As I understand, all anabolic steroids are androgenic because they have the male hormone, testosterone?

THE WITNESS: They do not have the male hormone, testosterone in them, all of them. For example, Deca-Durabolin, or nandrolone decanoate, is not the male hormone, testosterone.

THE COMMISSIONER: It's an anabolic steroid?

THE WITNESS: It is an anabolic steroid, sir. So in a lot of ways their chemistry is different, but they all fall into the class of drugs called anabolics or anabolic steroids ---

THE COMMISSIONER: Well, every witness so far has told us that the anabolic steroids have the opposite effect to what you're saying you prescribe them for.

THE WITNESS: Well, testosterone ---

THE COMMISSIONER: If we're talking about anabolic steroids.

Okay, go ahead, Mr. Armstrong.

5 THE WITNESS: Okay, if I may, if I may just explain this point further. Okay.

Let's say someone has under-testicular function, hypo-gonadism. That means that the testicles are not producing enough testosterone.

THE COMMISSIONER: Right?

10 THE WITNESS: Okay? So what one would do, administer testosterone to make up for the deficit that exists in the body. And then ---

THE COMMISSIONER: And what product do you use then for that?

15 THE WITNESS: I'm sorry, Mr. Commissioner, I didn't hear you.

THE COMMISSIONER: What product, which of these steroids, what's the name of the product ---

20 THE WITNESS: Testosterone proprionate, or ananthate or metandren. These would be the products that I use, Mr. Commissioner..

THE COMMISSIONER: Go ahead?

25 THE WITNESS: And then after a certain period of time, treatment, of course one would be monitored with tests, the testosterone is withdrawn and as

a result there is rebound functioning of the testicles.

THE COMMISSIONER: Mm-hm: Go ahead, Mr. Armstrong.

5 MR. ARMSTRONG:

Q. Any other conditions that you prescribe anabolic steroids for in your practice?

A. Conditions which involve vasculitis, which is another vascular disorder.

10 THE COMMISSIONER: Would you know any other physician in Toronto that has such a broad base of use of anabolic steroids?

THE WITNESS: Well, I would think, Mr. Commissioner ---

15 THE COMMISSIONER: No disrespect, you treat it for almost everything. Or for most of the ailments of your patients?

THE WITNESS: Well, the ailments I've listed don't cover every ailments that a physician sees ---
20

THE COMMISSIONER: This would obviously be a very large part of your practice, because you cover such a broad field?

THE WITNESS: Well, yes.

25 THE COMMISSIONER: Well, do you know any

other physician that uses anabolic steroids for all these ailments that you prescribe them for?

THE WITNESS: Well, I know Dr. Mauro Pasquale uses anabolic steroids.

5 THE COMMISSIONER: For all these ailments?

THE WITNESS: Of course I haven't spoken with the gentleman in detail, I'm not sure whether he agrees with every single thing I've said ---

10 THE COMMISSIONER: Well, I'm not interested in --I mean, how do you know that? Have you ever consulted with him about the use of steroids?

THE WITNESS: Well, I've read some of the articles that he had written ---

15 THE COMMISSIONER: All you know is what he's written about them in the articles? You don't know any more than that?

THE WITNESS: Well, he has written very comprehensive articles.

THE COMMISSIONER: I understand that.

20 THE WITNESS: I've heard from the some of the patients ---

THE COMMISSIONER: Well, never mind that, because you -- have you discussed with Dr. de Pasquale yourself?

25 THE WITNESS: No, I have not spoken ---

THE COMMISSIONER: Well, let's leave him out. Go ahead, Mr. Armstrong.

MR. ARMSTRONG:

5 Q. All right. Have we got the list or is it longer?

A. No, there's more.

Q. All right. Well, we might as well have the complete list?

10 A. Chronic prostatitis.

Q. And what is that?

A. Well, it's chronic inflammation of the prostate where there is no bacterial etiology.

Q. All right. What else?

15 A. A variety of various types of sexual of dysfunctions.

Q. Would that not be the hypo-gonadism you referred to?

20 A. Not necessarily. A lot of individuals --- one cannot demonstrate hypo-gonadism in a lot of individuals that have the sexual dysfunction.

Q. Anything else?

25 A. I think because of all the different questions --- now, let me think. Well, I should also mention the anti-thrombotic effect of steroids.

THE COMMISSIONER: We're talking about anabolic steroids?

THE WITNESS: That's right, we're talking about anabolic steroids.

5 Now, the anti-thrombotic effect, this is particularly pronounced for Winstrol, and it's called the fibrinolytic effect. Lysis of fibre.

And this can be used in individuals who have had recurrent venous thrombosis. It would lyse the thrombos. Because of its fibrinolytic effect.

10

And this is well covered in the product monograph of Winstrol.

Q. And have you had occasion to prescribe Winstrol for its anti-thrombotic effect?

15 A. Yes, once.

Q. Once?

A. That's right. For recurrent venous thrombosis.

Q. All right. And I take it again going back, for example, to anaemia, that is it every anaemic condition for which you prescribe anabolic steroids or is it just a particular kind of anaemia?

20

A. No, as I indicated earlier, certain types.

25 Q. All right. Then over the years, in

your practice, what have you learned about the side effects of anabolic steroids?

5 A. Well, I knew about the side effects before I started practising medicine because I read about it.

Q. And what do you consider the side effects of anabolic steroids to be?

10 A. Well, side effects of anabolic steroids would be things like oily skin and subsequent seborrheic dermatitis.

Q. Sorry?

A. Seborrheic.

Q. What kind of dermatitis?

A. Seborrheic.

15 Q. And what is seborrheic dermatitis?

A. Well, it's a type of dermatitis.

Of course associated with the oily skin there is acne, there is a side effect of acne vulgaris, which is a very common side effect.

20 There is fluid retention, salt and water retention and fluid retention. And some bloating.

Now, of course a lot of that depends on the individual's salt intake. If they weren't taking that much salt, usually that side effect is non-existent.

25 Also there is the side effect of

aggressiveness. Now, I should clarify this particular side effect because this is the type of side effect that keeps coming up and it's somewhat controversial. Now, it is felt that male hormone or men who are masculine are aggressive. This is an anecdotal assumption. And women tend to be passive.

So as a result of that, one feels that anabolics make people aggressive. However, there are absolutely no controlled studies that definitely prove this.

One of the problems is that it's very hard to measure a parameter such as aggressiveness.

THE COMMISSIONER: Are there any other side effects that you're aware of?

THE WITNESS: Yes, sir. There are certain side effects involving the liver.

THE COMMISSIONER: Mm-hm?

THE WITNESS: And when one is talking about side effects of anabolic steroids, it is very helpful to think along the same lines as oral contraceptive agents, the birth control pill, because a lot of the side effects of anabolics have, the birth control pill also has the same side effects.

For example, the birth control pill can cause fluid retention and bloating. It can cause acne.

It can cause certain types of liver disorders that are common to anabolic steroids and also, that also happen also with the birth control pill, that are common to both the birth control pill and the anabolics.

5 After all, the birth control pill is also a steroid. However, fortunately ---

 THE COMMISSIONER: It's not an anabolic steroid?

10 THE WITNESS: No, sir. But it is a type of steroid.

 THE COMMISSIONER: So is cortisone.

 THE WITNESS: That's right, sir.

15 Fortunately these liver disorders are not common. One of the liver disorders that should be mentioned is cholestatic hepatitis, stagnation of bile inside the liver, causing hepatitis.

 There has been some reports that anabolic steroids can cause adenoma formations in the liver. These adenomas have regressed upon withdrawal of the therapy.

20 There has few reports that are somewhat anecdotal but they should be looked more into, that some of these adenomas have metamorphosized into cancerous or precancerous types of growths.

25 THE COMMISSIONER: Go ahead, Mr. Armstrong, please.

MR. ARMSTRONG:

Q. Yes. Any other side effects that you are aware of?

5 A. Well, the other side effect again which also applies to the birth control pill is the affect that anabolics have on cholesterol and cholesterol metabolism.

10 However, this is controversial and it's something that one -- of course, basic scientists should be looking more into it because cholesterol is very relevant and of course the use of birth control pill is very common.

15 If one looks at the product monographs it actually says that it can increase or decrease cholesterol. So this side effect is not a consistent side effect.

20 In fact, there are certain anabolic steroids that are marketed and definitely decrease cholesterol. They are not marketed in Canada, but they are marketed elsewhere. One of them would be Testolactone. Testolactone can be administered to individuals who have high cholesterol levels and it brings it down. So this is a controversial side effect.

25 Q. As a practising physician, if a side effect is controversial, and by that I take it you mean

that there may be argument on both sides of the issue as to whether or not there is a risk, what is your practice? Do you say, Well, it's controversial, so I ignore it?

A. No, no. Definitely not.

5 Q. And proper clinical practice, I suggest to you, would be that until it is proven otherwise, you assume that the risk is there?

A. No, I'm ---

Q. Isn't that so?

10 A. I'm afraid, Mr. Armstrong, that would be like assuming someone is guilty unless proven otherwise.

THE COMMISSIONER: Oh, please now, that's no analogy.

15

MR. ARMSTRONG:

Q. You know there may be a risk of carcinoma of the liver and you, you would give an anabolic steroid to a patient knowing there is that risk without explaining that risk to a patient?

20

A. That is depending of course how good the study is. It's like saying --- I can --- there are all sorts of studies around.

There are studies that say coffee causes cancer. Watching television causes cancer. Carrots cause

25

cancer. Should we stop drinking coffee? Should I tell that to my patients ---

HIS LORDSHIP: No, but we're dealing with drugs where there is every indication -- we've heard it for months now -- of serious risk of health, some proven, some indicated. Such as cardiovascular ailment, which you mentioned.

And what Mr. Armstrong said that, unless there was some necessity of putting a patient at risk, you don't do it, do you, doctor, unless you fully explain to them and they have to make elective decisions sometimes?

But as a normal routine just to administer anabolic steroids because some indicated side effect has not been scientifically tested

That's the question Mr. Armstrong is putting to you, and you say you presume, then, you presume that the drug is innocent unless it's proved to be fatal?

THE WITNESS: Well, I didn't use the word 'fatal'. But there are pros and cons for all sorts of arguments. Like there is all sorts of news in the media that flying is dangerous because of highjacking, machine failure, highjacking, et cetera, et cetera Now, if you were to go to New York right now, should you not fly?

THE COMMISSIONER: Well, Mr. Armstrong, let's get on here with some more direct evidence on what

we have here to deal with.

MR. ARMSTRONG:

Q. Then, Dr. Artinian, you have not
5 mentioned the fact that from time to time you have
patients for whom you prescribe anabolic steroids simply
because they want to get bigger?

A. That's right.

Q. Stronger and heavier?

10 A. Sorry, yes. I forgot about that.
Because we kept elaborating on each and every occasion.

Q. Well, I'd asked you earlier for what
reasons you prescribe anabolic steroids for your patients,
but anyway, let's assume you overlooked that ---

15 MR. HUGHES: With respect, Mr. Armstrong,
that's not quite right. If you want to read it back, I
think you asked him what conditions he treats with
anabolic steroids. If you want to ask him what other uses
he makes of them, I think that's fair.

20 MR. ARMSTRONG:

Q. All right. Do you in fact prescribe or
have you prescribed anabolic steroids for a person who
comes into your office and simply wants to get bigger and
25 stronger?

A. That's right, sir. If they want to get bigger and they want to increase muscularity, I would. As long as they are aware of side effects.

Q. And what about athletes that come in and say they are athletes and they want to take anabolic steroids to get bigger and stronger and perhaps in some cases even faster?

Have you -- I take it you've treated athletes in those circumstances?

A. Well, um, they may have been athletes. I don't make an issue to ask them specifically whether or not they are an athlete. Because the 1983 College Bulletin did not say anything about a doctor being unethical by giving steroids to athletes. So ---

THE COMMISSIONER: Well, I thought there is a basic underlying premise that one -- I, I would have thought one doesn't prescribe drugs unless to address an ailment. Normally isn't that right?

If I walk into your office and I say --- you say, How do I feel; I say, I feel great, doctor, but a friend of mine is on this drug and he's looking better than I do, would you give that to me?

THE WITNESS: Well, Mr. Commissioner, under those circumstances, I would not.

THE COMMISSIONER: I see, all right. Go

ahead.

MR. ARMSTRONG:

Q. All right then, ---

5 A. But if I may just clarify one point
about steroids enhancing speed. Now, that is -- there
isn't a shred of evidence ---

THE COMMISSIONER: We're getting far
afield. He's not an expert on this, Mr. Armstrong. I
10 don't know why we're going into this aspect of it.

You've asked him whether he uses drugs for
people who come in and want to get stronger and faster ---
stronger and -- he said he does -- not faster though, you
said but ---

15 MR. ARMSTRONG: Well, in fairness to Dr.
Artinian, I did add that suggestion that maybe somebody
might even come in and say they want to get bigger,
stronger, faster -- I did.

THE COMMISSIONER: Well, did you ever have
20 that question about speed? Or just strength?

THE WITNESS: Well, if I, if I was ever
asked that, Mr. Commissioner, I would say no, because
steroids do not enhance speed, they do not enhance
endurance and they do not enhance cardiac fitness. They
25 definitely don't enhance athletic performance.

THE COMMISSIONER: Well, carry on, Mr. Armstrong.

MR. ARMSTRONG:

5 Q. Well, when athletes have come in, have you told them that, that, Look, this is a waste of time because it's not going to enhance athletic performance?

10 A. Well, the athletes that have come in usually want just muscularity. That's what they have told me.

Q. And indeed, you have had football players come into your office who have taken anabolic steroids, they have gotten bigger, stronger and more muscular, correct?

15 A. Well, I may have had football players, sure.

Q. Well, we know that you have, now, and you have had patients then who have come in, asked for anabolic steroids and have gotten bigger and stronger?

20 A. Well, just because they became bigger and stronger doesn't mean that they became better athletes.

THE COMMISSIONER: Well, that's what they are taking them for.

25

MR. ARMSTRONG:

Q. Well, that's a debate that ---

THE COMMISSIONER: Well, let's get on, Dr. Artinian, because we've heard so much evidence that's
5 demonstrated the opposite to your opinion -- we have your opinion, but I think we should get on with more direct evidence?

THE WITNESS: But these are anecdotal evidences. I mean, they are personal evidences of
10 individuals. It's not a controlled study.

THE COMMISSIONER: All right, I see, thank you.

MR. ARMSTRONG:

15 Q. Then we are going to have some witnesses, as you know, attend after you have testified, and who are going to make reference to your purchases of various steroids between 1981 and 1988, and you've seen the documentation ---

20 THE COMMISSIONER: This is all provided to Mr. Hughes?

MR. ARMSTRONG: Well, all provided to Mr. Hughes and reviewed by Dr. Artinian.

25 Q. And do I take it, Dr. Artinian, that

when this evidence is presented, you have no quarrel with the fact that between 1981 and 1988 you purchased from various companies 256,700 tablets of various steroids?

5 A. Well, I could not swear that that is the exact figure.

Q. All right. But you ---

THE COMMISSIONER: Well, we've seen the invoices.

10 MR. ARMSTRONG:

Q. But you don't quarrel with that?

A. No, I don't quarrel with it.

Q. And similarly ---

15 THE COMMISSIONER: I'm sorry, I didn't get that figure, Mr. Armstrong?

MR. ARMSTRONG: 256,700 tablets.

THE COMMISSIONER: I gather these are various, different types, I gather.

20 MR. ARMSTRONG: That's correct. And when the evidence is put forward, you'll see what that is.

Q. Then over the same -- well, not the same period of time, but from 1984 to 1988, you purchased 46,312 millilitres of various steroids, is that correct?

25 A. Well, again, it's very hard to think in

terms of tablets and millilitres. I mean, it might be easier to think in terms of bottles of tablets or vials of medication.

Q. All right.

5 A. Because then different, different types of medicines come in different millilitres. Or amounts.

Q. All right. We've broken all this down, you've had it for some time.

10 Do you have any quarrel with the fact that what is shown on this page, Dr. Artinian's purchases, showing a total of 46,312 millilitres, do you take any issue that that was purchased by you between 1984 and '88?

15 A. Well, it's just that it's hard for me to think in terms of millilitres in the sense that -- okay, for example, you take a product like Malogen or Malogex, it comes as 10 cc millilitres, and some of the other products come in 2 cc millilitres, and some of them come in as 5 cc millilitres. So you've bundled it all up.

20 But I guess I would say if it was in terms of vials, you know, it would help me make up my mind better.

Q. Well, go let's go at it ---

A. Or easier.

25 Q. Let's go at it another way. Between 1981 and 1988 you purchased \$215,101.30 worth of steroids.

Do you agree or disagree with that?

A. Sounds like a fortune.

Well, I would think, sir, that's more or less the case, yes. But again I cannot swear for dollar and dollar and cent and cent.

Q. Now, between 1981 and 1988, were you using over \$200,000 worth of steroids for all of these various conditions that I've described?

A. That's right, sir.

Q. You're sure you weren't just having a lot of athletes come in to your office and giving them a little jab and that's really what accounts for 95 percent of those steroids?

A. No, sir.

Q. And it seems, Dr. Artinian, like a lot of steroids to have used over that period of time. But it's your sworn evidence, I take it, that you used it for the purposes that you've described this morning?

A. That's right, sir. But, as you recall, I forgot the muscularity which you pointed out to me.

Q. All right. And there were a number of athletes who testified and -- this actually may be a good point to break because I want to put some of Dr. Artinian's records in front of him, although -- does Dr. Artinian --- do you have your own copy of the records?

A. No, sir, I don't.

MR. HUGHES: We don't have the originals.
The Commission has the originals. We made copies that Dr.
Artinian could probably refer to.

5 THE COMMISSIONER: Well, they are the ones
you produced for us?

MR. HUGHES: Yes, sir.

THE COMMISSIONER: Those are the ones
you're thinking of?

10 MR. ARMSTRONG: Yes, sir.

Well, perhaps if you don't mind taking a
break ---

THE COMMISSIONER: All right, We can take a
short break, then.

15

--- Short recess.

20

25

--- Upon resuming.

THE COMMISSIONER: Okay. Mr. Armstrong.

MR. ARMSTRONG: Yes.

THE COMMISSIONER: Does the Doctor have the
5 documents now that he wants?

MR. ARMSTRONG: Yes, he does. I am just
going back to the drug purchases, if I may, for a moment.

MR. HUGHES: You are going to use your book
with him, are you?

10 MR. ARMSTRONG: Yes.

MR. HUGHES: He doesn't have this book in
front of him.

THE COMMISSIONER: You might as well give
that to him.

15 MR. ARMSTRONG:

Q. All right. If you look with me, Dr.
Artinian, at this blue binder that contains a breakdown of
your drug purchases, and would you turn with me to tab B
20 of that book. And I just wanted to clarify a couple of
things.

First of all, this covers only some
purchases in 1981 and 1983, and I am told that it just
covers your purchases of Dianabol or Danabol in 1981 from
25 CIBA GEIGY, and your purchases in 1983 from Sterling Drugs

of Winstrol. And presumably in 1981 - 1983 you would have purchased other steroids for other purposes, I assume?

A. I don't recall whether I -- I am not sure.

5 Q. All right. In any event, the breakdown then that runs, there is nothing for '82 that we have. Then the breakdown runs really for the last five years from 1984 to 1988. And it would appear in the period from 1984 to 1988, you purchased approximately \$209,000.00 or
10 perhaps a little less than \$209,000.00 worth of steroids including in 1984, \$56,000.00 worth; in 1985, \$70,000.00 worth; in 1986, \$25,000.00 worth; and in 1987, \$22,000.00 worth; and in 1988, \$33,000.00 worth. Correct?

A. Well, as I said earlier, I cannot swear
15 to the fact that for dollars and cents that these are the actual amounts.

Q. All right. And --

THE COMMISSIONER: Don't we have the invoices, Mr. Armstrong.

20 MR. ARMSTRONG: We do, and we are going to prove it, but --

THE COMMISSIONER: All right.

MR. ARMSTRONG:

25 Q. You have had an opportunity to look at

the supporting material for all this, and I take it you don't quarrel, as you didn't at least before the recess, with the total purchases that we have on this schedule of \$215,101.30?

5 A. Well, it would be hard for me to recall what happened in 1981 and 1983 and 1984.

 THE COMMISSIONER: Well, forget about '81 and '83, there is only a few purchases. As Mr. Armstrong explained that was only to look up one or two drugs.

10 Isn't that what you said, Mr. Armstrong?

 MR. ARMSTRONG: That's right, Dianabol and Winstrol.

 THE COMMISSIONER: '84 and '85. But you have seen the invoices, Doctor?

15 THE WITNESS: Yes, sir.

 THE COMMISSIONER: All right.

 THE WITNESS: But I haven't added them up.

 THE COMMISSIONER: I see. You will have to rely on our investigators' summaries.

20 MR. ARMSTRONG:

 Q. All right. Then, let's take a look for a moment at least at the kind of drugs you were buying.

 If you turn to tab C, you bought from CIBA
25 GEIGY, a company, some Dianabol. And then there are a

whole series of purchases from CIBA GEIGY of a drug called Metandren. What did you use that drug for?

A. Well, the different reasons that we outlined for, to increase muscularity, for sexual
5 dysfunction, for chronic prostatitis and down the list.

Q. All right. Then what about the Winstrol that you bought from Sterling drugs, what do you use that for?

A. Where is that? Is that -- did we
10 bypass it?

Q. It is the last sheet in tab B.

A. I see.

THE COMMISSIONER: You are on B now, are you? Sorry, I thought you were on C.

15 MR. ARMSTRONG: Sorry, tab D.

THE COMMISSIONER: I am sorry, I can't hear you, Mr. Armstrong.

MR. ARMSTRONG: Sorry, I am in tab D. I went from tab C to tab D.

20 THE COMMISSIONER: Well, the Winstrol was back in '83, wasn't it?

MR. ARMSTRONG: Yes.

MR. ARMSTRONG:

25 Q. Do you know what you used it for?

A. The same reasons that I had outlined earlier.

Q. Okay. Well, then if we look at all of these various drugs, we go to tab E and from Organon you bought large quantities of Deca-Durabolin and Maxibolin. What were you prescribing those for, the same reasons that we outlined earlier?

A. That's right, sir.

Q. And then tab F from the Stickley Company you are purchasing quantities of Malogex and Malogen. What were you using that for?

A. For the same reasons that I outlined earlier.

Q. And then in tab G, Taro Pharmaceuticals --

THE COMMISSIONER: My tab F is Testosterone Enanthanate.

MR. ARMSTRONG: Sorry, I missed tab F. Yes.

THE COMMISSIONER: That's Testosterone Enanthate that we have heard of before. Where are you now, Mr. Armstrong.

MR. ARMSTRONG: Sorry, I had tab F. My tab F is Malogex and Malogen, and that's all.

THE COMMISSIONER: My tab F has got --

MR. ARMSTRONG: I think what we have done is, unfortunately, just to see if you catch it, we reversed F and G for you. I am sorry.

THE COMMISSIONER: Well, don't do that any more, even though it is getting late in these Inquiries, I don't want you to do that again.

MR. ARMSTRONG:

Q. All right. Then looking, Dr. Artinian, at the tab G that you and I have, and tab F is what the Commissioner has, there is large quantities of testosterone purchased from Taro Pharmaceuticals. What were you using that for?

A. I am sorry, you were saying tab F or tab G?

THE COMMISSIONER: Well, Testosterone Enanthate?

THE WITNESS: This one?

MR. ARMSTRONG:

Q. Yes.

A. The Enanthate; the one that starts with Enanthate.

THE COMMISSIONER: Yes.

THE WITNESS: You know, for the same.

These are all anabolics. The very same reasons that I outlined earlier.

MR. ARMSTRONG:

5 Q. Okay. And Halotestin is an anabolic that appears at tab H purchased from the Upjohn Company?

A. That's right, sir, it is an anabolic.

Q. It is used similarly for all the same things?

10 A. Yes.

MR. ARMSTRONG: Then -- can you also just give me your indulgence --

15 THE COMMISSIONER: Well, in addition to the, I am just looking at it here, I gather you get apart -- if you paid for so many purchases you get a no charge addition, is that how that works? You get a quantity discount?

THE WITNESS: Well, there was an agreement with Organon that I would get five vials free.

20 THE COMMISSIONER: Yes, for every what, every 100 purchases? Sorry, I am just looking at it.

25 THE WITNESS: Also that as long as I purchased at least 100 vials of Deca-Durabolin every month, they would keep the prices low and reasonable. So, that we had a deal there.

THE COMMISSIONER: So, every time you buy 100 two-millilitre vials, right?

THE WITNESS: Right, I would have to buy at least 100.

5 THE COMMISSIONER: Then you got five free?

THE WITNESS: Per month in order to get five free and to get a reasonable price.

10 THE COMMISSIONER: I understand. So although you say for Organon in '84 you purchased \$49,000.00 worth of drugs, but you got 115 100 millilitres -- 100 two-millilitres vials. Am I reading it right? 115 for free?

THE WITNESS: Yes, sir, 115 vials.

15 THE COMMISSIONER: All right. Thank you. Are those two-millilitre? Vials that's what that means two millilitres?

THE WITNESS: That's right, Mr. Commissioner.

20 THE COMMISSIONER: Thank you. For one injection, would you give 2 millilitres? Is that one injection?

THE WITNESS: Well, one injection would be half, half the vial.

25 THE COMMISSIONER: Half the vial. So, that just trying to figure, take Organon for '84, you get 100

two-millilitre vials, is that right, in January the 3rd,
and that would be two injections each, is that right?

THE WITNESS: Sorry, Mr. Commissioner, I
didn't follow that. January 3?

5 THE COMMISSIONER: Well, look under Organon
Canada Limited. I see January the 3rd you purchased
100 --

THE WITNESS: That's right, sir.

THE COMMISSIONER: Two-millilitre vials and
10 you got five for no charge, right?

THE WITNESS: That's right.

THE COMMISSIONER: And you bought 150
tablets, 150 bottles of Maxibolin?

THE WITNESS: That's right.

15 THE COMMISSIONER: And those are how many?
Those are tablets, aren't they?

THE WITNESS: That's right, sir.

THE COMMISSIONER: How many tablets in a
bottle, 100?

20 THE WITNESS: Well, it says here 100, yes,
I would think.

THE COMMISSIONER: All right. So, going
back to the injectables then, you have for 200 millilitres
that would represent 400 injections, right, because you
25 get one millilitre, I gather, you are telling me.

THE WITNESS: That's right.

THE COMMISSIONER: All right. Go ahead.

Are you through with this file?

MR. ARMSTRONG: Yes, I am.

5 THE COMMISSIONER: All right. Let's go.

Thank you, Doctor.

MR. ARMSTRONG:

10 Q. All right. Then, there was only one
other thing that in regard to some of the purchases you
made from the Taro Company and from Organon they were
apparently made -- or Stickley -- they were apparently
made through the Bloor Christie Pharmacy. And that was
the pharmacy that at one time was in the main floor of the
15 building you were in on Bloor Street.

Was there any particular reason for making
the purchases through Bloor Christie Pharmacy rather than
through you directly?

20 A. Well, as far as I recall, the
pharmacist needed a few of those injectables and I would
be using most of them, so we thought if we combined our
request we would get a better deal.

Q. I see. Volume discount?

A. That's right, sir.

25 Q. All right. Then I have put in front of

you a green binder that contains photocopies of your charts in regard to some of the patients who have testified here.

And the Commissioner, I think, has the original exhibit in front of him.

THE COMMISSIONER: Yes. Thank you.

MR. ARMSTRONG:

Q. Now, I want to start with the patient Brownell. And I have a little difficulty reading your note.

THE COMMISSIONER: Well, Mr. Hughes, can help us. Last time he helped us.

MR. HUGHES: I can try, sir.

THE COMMISSIONER: Thank you.

MR. ARMSTRONG:

Q. January 17, 1984. This seems to be at least the first record of a visit to your office. Can you just read that note for us?

A. Physique problem, patient wishes to increase his muscularity, thinks his body is not attractive, and this makes him very apprehensive. He has no history of the hypotension, hepatitis, rheumatic heart disease, or aggressive behaviour. Male dressed not

inappropriately, apprehensive and tense, is in contact with reality. He is of average intelligence. His judgment appears to be intact. Thyroid not palpable. S-1 S-2 normal. Chest normal, abdomen normal, testicles normal. No edema, 126 over 78, 85 kilograms. High protein diet, blood work, and investigations.

Q. All right. And then --

THE COMMISSIONER: Did you give him any treatment then, Doctor?

THE WITNESS: Well, Mr. Commissioner, I recommended the high protein diet.

THE COMMISSIONER: That's all?

THE WITNESS: That's right, sir. Well, I carried out some investigations.

THE COMMISSIONER: But there was nothing wrong with this man except he didn't like his body, isn't that right? There is nothing else wrong with him?

THE WITNESS: Well, one sometimes carries out investigations just as a routine basis as an annual health examination type.

THE COMMISSIONER: I understand that, but the investigation, whatever investigation you made indicated he was a healthy man?

THE WITNESS: I would have to look at the investigations. Are they here?

THE COMMISSIONER: What was to be left?
Blood work? I see, blood work, is that right?

THE WITNESS: That's right.

THE COMMISSIONER: Did you send him to a
5 lab?

THE WITNESS: In other words, Mr.
Commissioner, a patient might show up and they have
absolutely no symptoms --

THE COMMISSIONER: I understand that.

10 THE WITNESS: And the blood work may reveal
high cholesterol or blood in the urine.

THE COMMISSIONER: What happened? Did you
get a report? He goes back pretty soon, does he? What's
the next?

15 THE WITNESS: Well, I didn't get a report,
according to these notes. March -- sorry, I am not sure
whether the lab here is using the month first or the day
first, the service date is -- well, anyways the service
date is 01/03/84.

20 MR. HUGHES: I believe Ms. Chown and I
agreed earlier that that was -- that would be March 1 of
'84, with the day first.

THE WITNESS: Yes, that's right, because if
you look at the BTL result, it is stamped March 05, 1984.
25 So, that must be -- that must be the way they are using

the sequence, day first, month second, and then year.

MR. ARMSTRONG:

Q. All right. So, what did the blood work
5 reveal? Did it reveal any problem?

A. Well, let me review it.

THE COMMISSIONER: I am sorry, he goes
back, though, Mr. Armstrong, two weeks later.

MR. ARMSTRONG: I know. I am going to come
10 to that.

THE COMMISSIONER: All right. He hasn't
got the reports yet, according to the Doctor.

THE WITNESS: No, sir, the blood work is
normal.

MR. ARMSTRONG:

Q. All right. So, then let's look at your
next note, January 31, '84, what does that say?

A. Physique problem, still has the same
20 probable, has not carried out the test yet. Claims he has
been busy. Furthermore, he does not like to have his
blood drawn out, no bizzare jestures or involuntary or
repetitive and stereotype movements. Facial expression
tense. S-1 S-2 normal, chest normal. As far as the --
25 doesn't look -- well, the copy didn't come out total here.

May I have the originals?

THE COMMISSIONER: Well, I can read that for you. What date is this? Is this Brownell?

MR. ARMSTRONG: This is January 31, 1984,
5 the second page.

THE COMMISSIONER: Well, go on to something else. I will have to find it. They are out of order here.

10 MR. ARMSTRONG:

Q. All right. And let's go down. What do you do for him here?

THE COMMISSIONER: I have got it here now.

MR. ARMSTRONG: You have got it?

15 THE COMMISSIONER: Yes. You might just show this to the witness. It is the top of the page here. He is talking about January 31, '84.

MR. ARMSTRONG: Yes.

20 THE COMMISSIONER: Just read that to him, the second page.

THE WITNESS: Thank you.

THE COMMISSIONER: Still on the top, Doctor, I think.

25 THE WITNESS: Fine, okay. Chest normal, 120 over 70, abdomen normal, testicles normal, 85 kilogram,

side effects of Deca-Durabolin discussed, Deca-Durabolin
100 milligram intramuscular, no alcohol.

THE COMMISSIONER: Thank you.

5 MR. ARMSTRONG:

Q. So, you gave him a shot of 100 -- or
you gave him a prescription for 100 milligrams of
Deca-Durabolin, did you?

10 A. I injected 100 milligrams
intramuscularly myself.

Q. All right. That presumably was for
his -- what you describe as physique problem, is that it?

A. His weight problem, that's right.

15 THE COMMISSIONER: Pardon? Physique
problem? Was that he wanted more muscle? Is that what
that means, a physique problem?

THE WITNESS: That's right, sir. And he
also wants to gain weight --

THE COMMISSIONER: Okay, thank you.

20 THE WITNESS: Weight problem.

THE COMMISSIONER: You describe it as a
physique program. That's his weight? Physique --

THE WITNESS: Yes.

25 THE COMMISSIONER: -- with respect to his
weight?

THE WITNESS: Physique problem or weight problem, same thing.

THE COMMISSIONER: Okay. Thank you.

5 MR. ARMSTRONG:

Q. Now, is it your practice that when a patient comes to your office each time to make a note in your patient's chart?

A. I try to.

10 Q. And before you prescribe anabolic steroids, is it your practice to have blood work done before you prescribe anabolic steroids?

A. Usually.

15 Q. However, this was not the case here because your note indicates that he hadn't yet had the blood test done, he was too busy. So, you just went ahead and gave him the 100 milligram shot of Deca-Durabolin?

20 A. Well, he may have had blood tests before. He may have consulted me earlier than this. The records only are kept for six years. So, I cannot comment on that for sure.

Q. Well, I mean --

A. He may have had a blood test a year ago.

25 Q. Well, let's read that note again at the

bottom of the first page, January 31, '84. What does it say?

A. Physique problem, still has the same problem.

5 Q. Yes.

A. Has not carried out the test yet.

Q. Yes. And that presumably would refer to the blood tests?

10 A. Well, to the blood test that the requisition that I gave him on January 17.

Q. You must have wanted the blood tests in order to make up your mind whether it was appropriate to administer anabolic steroids. That must be why you ordered them on January the 17th?

15 A. But then he may have had blood tests before also.

THE COMMISSIONER: All right.

THE WITNESS: He may have consulted me earlier than January 17, 1984.

20 MR. ARMSTRONG:

Q. Yes.

A. Records go back only for six years. He may have had blood tests a year ago.

25 THE COMMISSIONER: Is this paper, do you

have like a looseleaf folder? Is that how you keep your records? It looks like a three-ring binder. Is that where these come from, a three-ring binder?

5 THE WITNESS: We keep them, sir, this in looseleaf in files.

THE COMMISSIONER: I see. Are they written at the time the patient is in with you?

THE WITNESS: Well, some of the information is and some is written when the patient leaves.

10 THE COMMISSIONER: Right.

THE WITNESS: Or after the patient has left.

THE COMMISSIONER: All right.

MR. ARMSTRONG:

15 Q. I am just going to put some OHIP records for that patient in front of you. And, indeed, you will have seen from the OHIP records that you charged OHIP for visits by this patient on the 22nd of July, 1983, the 2nd of August, '83, the 15th of August '83, and the 20 27th of September, '83, yet there are no chart records of those visits. What is the explanation for that?

A. Well, they have passed the six-year period. And again, as I mentioned earlier, I tried to make a record of each -- of each and every visit, but 25 sometimes certain things might happen, a patient might

come in way after hours when there is no secretary available. The patient's file might be missfiled and might not be available at the time.

There are over 15,000 files in the office. So, as I said, I try to make a record for each and every visit, but I am not perfect by any means.

Q. Well, if you have got 15,000 patients, it is probably important that you have careful records though, I assume, in order to keep track of them all because you obviously can't keep track of them all in your head?

A. That's correct.

Q. And if there were records for these visits in July, August, and September '83, are you telling me because the six years was up they would have been destroyed?

A. That's right, sir.

Q. And you mean if I were then a patient of yours from say 1977 when you first started practicing, would you just automatically after six years elapse throw out any records and my chart that were six years old even though I was a continuing patient?

A. That's right, sir, unless you had some very -- some significant entries. And, of course, that could be actually put in or fed inside the computer as a

profile or a summary or a resume.

Let us say if a patient had a very significant history, such as myocardio infarct or heart attack in '76 or '77, that could always be fed inside the computer, because after awhile one runs out of space with paper, paper, paper.

Q. Okay. Now, --

THE COMMISSIONER: You just go back to the one year then, do you, because we have '84 here. So, every year you go back and cleanup the files which are six years old?

THE WITNESS: Well, Mr. Commissioner, we do that more often than every year because of a problem with space.

THE COMMISSIONER: I know, but in '89 now, you would have got rid of records which go back -- which are the '83 records, is that what you are saying? Is that how it works?

THE WITNESS: Well, as long as the --

THE COMMISSIONER: Because you keep the '84, '85, '86 as long as it is within the six years.

THE WITNESS: That's right, as long as -- within the six year period, sir.

THE COMMISSIONER: All right.

MR. ARMSTRONG:

Q. All right. Then in the OHIP records that I have put in front of you there are billings to OHIP for February 14, 1984 and March 1, 1984?

5 A. Sorry, if you slow down. Sorry, about that February?

Q. February 14, '84?

A. Right, sir.

Q. March 1, '84?

10 A. That's right, sir.

Q. No record, however, in your chart as to why you saw the patient on those dates?

A. That's right, there is no record.

Q. Any explanation for that?

15 A. Well, as I said earlier, I tried to keep a record for each and every visit even if the patient comes after hours.

Q. Then a number of the OHIP claim cards simply carry the reference for this patient of an anxiety state. What does that mean? Are you charging OHIP for some particular -- is that some particular code for OHIP?

20

A. Well, this is a code that delineates the amount of time, total time, I spend with patients and I spend writing the notes.

25 Q. Yes. What does anxiety state indicate

for --

THE COMMISSIONER: Is that psychotherapy treatment? Doctor, is that?

5 THE WITNESS: Well, it would be any type of therapy that has some kind of emotional problem involved, sir.

THE COMMISSIONER: You would call it psychotherapy or you have got half hour here, is that what that means? What is the time?

10 THE WITNESS: Well, I think, sir, it is 20 minutes. That is, of course -- that is also including making the notes.

15 THE COMMISSIONER: I am looking at one, I am not sure -- it says anxiety, et cetera, et cetera. Is that K007. That's your writing, is it?

THE WITNESS: That's right, sir, that's mine.

THE COMMISSIONER: What does K007 means?

20 THE WITNESS: Well, it would delineate the amount of time I spent, which would be about 20 minutes.

MR. ARMSTRONG:

Q. Well, did you provide any psychotherapy for this patient?

25 A. Well, as the notes indicate, you know,

he was tense and anxious.

Q. Well, for example, look with me at the OHIP claim for January '84, January 17, 1984. Okay. I have got it here. Okay.

5 January 17, '84, you write in your claim card anxiety state, et cetera. And then you have written in the OHIP code K007. What that is on the OHIP code is a claim for a half hour of psychotherapy?

A. Well, half hour thereof, it could be 20
10 minutes.

Q. Well, anyway did you provide psychotherapy of 20 minutes or half an hour for Mr. Brownell?

A. Well, I did an assessment of his mental
15 status, as the notes indicate, which would be psychotherapy. And I spent total time in writing notes and everything else.

THE COMMISSIONER: Did he go to you for
that reason? We heard from Mr. Brownell, he didn't
20 indicate that he needed any psychotherapy or got it?

25

THE WITNESS: Well, he had -- he came for a weight problem, but I thought associated with the weight problem there were underlying psychological problems. Otherwise he wouldn't be self-conscious of his weight.

5 THE COMMISSIONER: Well, he testified that he went there to get the anabolic steroids, that's all he got. And he didn't indicate that he was there for any psychotherapy. But you say -- what type of psychotherapy is included in K007?

10 THE WITNESS: Well, any type. All different types.

THE COMMISSIONER: I see.

MR. ARMSTRONG:

15 Q. What Mr. Brownell said, Dr. Artinian, was that he told you he was a football player, he was interested in steroids, he said that you told him a certain kind to use, and that he -- you gave him a shot of what he thought was Depo-Testosterone, and that no medical
20 history was taken, nor was there any blood analysis done that he can recall, nor does he recall your carrying out any physical examination.

What do you say about that?

A. For which are you talking about?

25 Q. This is on his very first visit to you?

A. And he actually could remember every detail of that first visit?

MR. HUGHES: Well, to be fair again, there was a cross-examination of this witness in which his evidence did change, Mr. Armstrong. If you want to put the whole thing to him, that's one thing, but if you just want to put the examination in-chief to him, I think that's unfair.

MR. ARMSTRONG: Well

MR. HUGHES: Do you want to read the cross-examination? I'll point it out to you. I have it here.

MR. ARMSTRONG: Well, I don't think that I need to put the cross-examination to him ---

THE COMMISSIONER: Well, unless he said something different, Mr. Armstrong. Did he?

MR. ARMSTRONG: The only thing I see any different in the cross-examination is that he recalls having had some blood work done early in the period of having seen Dr. Artinian.

THE COMMISSIONER: We have that here now. All right. Go ahead, Mr. Armstrong.

MR. ARMSTRONG:

Q. All right. In any event, what I

suggest to you is that this fellow, Brownell, was a football player; he didn't go to you for a physique problem, he didn't go to you for psychotherapy, he didn't go to you for any medical condition whatsoever.

5 What he went to you for was to get steroids because he was a football player and wanted them for athletic purposes and nothing else and that's what you gave him and that's what he got?

10 A. Well, that's not what he told me, according to my notes.

 Q. All right. Then let's go to the next patient, who is a patient called Logan.

15 A. Okay, but one thing about Brownell Duncan, you did give me a sheet of paper entitled Witness and Dates of Visits for Dr. Artinian.

 Q. Yes?

 A. And the dates here don't correspond with the dates that are in this booklet.

 Q. Well, you ---

20 A. And if I may read that sheet ---

 A. Well, I think what you better do is you'd better leave that to your own counsel to deal with in his examination?

25 A. Because I am wondering how come there is a disparity.

Q. Because I don't know what you've got there. Let me see what you've got there? I don't know what you've got.

Well, I am told that somebody on our staff
5 copied down those dates from OHIP records and simply got them wrong.

Now you've got OHIP records in front of you
and ---

A. So these are wrong and the booklet that
10 you produced and gave us Wednesday afternoon is correct?

Q. That's my understanding.

A. This was only a day ago.

Q. That's right.

Then there is a patient called Mark Logan.
15 And apparently when Mr. Logan was here we did not yet have his records available, and you have been kind enough to provide them to your counsel who has provided them to us, and I propose, Mr. Commissioner, to have Mr. Logan's chart from Dr. Artinian marked as an exhibit. I don't know
20 what ---

THE COMMISSIONER: Well, let's make it
238A. We'll keep it in a series, then.

MR. ARMSTRONG: All right.

--- EXHIBIT NO. 238A: OHIP record of Mark Logan,
 together with file folder.

5 MR. ARMSTRONG: If the Registrar will mark
it 238A and I'll hand it up to you.

 THE COMMISSIONER: Which one is this now --
Logan?

 MR. ARMSTRONG: Logan.

10 MR. HUGHES: I believe, sir, you're
keeping a folder from the doctor's office in which these
were located. You might want to have that with it.

 THE COMMISSIONER: Yes, put that with the
exhibit.

15 MR. ARMSTRONG: Well, maybe we should have
that ---

 THE COMMISSIONER: Make this 238A. Thanks,
Mr. Hughes.

 THE COMMISSIONER: Go ahead, Mr. Armstrong.

20 MR. ARMSTRONG:

 Q. All right. What was this fellow's
problem? Can you read through your notes of Logan with
us, please?

 A. Well, do I have his notes?

25 Q. Well ---

THE COMMISSIONER: Your notes are in the
blue book.

MR. ARMSTRONG: In that green book there
5 that says 'Logan' on it.

THE COMMISSIONER: It's the second one in,
I think. Mark Logan?

THE WITNESS: August 15, 1983?

10 MR. ARMSTRONG:

Q. Yes.

A. Physique problem and anxiety state.

Patient has still a poor body image due to lack of
muscularity. He is not satisfied with his physique. This
15 has become a psychological problem. Has no other
complaints. No history of hepatitis, mumps, rheumatic
heart disease or hypertension. He appears to be of
average intelligence. His judgment appears to be intact.
He has insight into his problem. He is very tense and
20 uptight. Icterus. 120 over 68. Short male, 78 kilogram,
Deca-Durabolin, hundred milligram intramuscular, "IM",
intramuscular. No alcohol. Side effects reviewed.

Q. Now, take us to January ---

THE COMMISSIONER: Excuse me, how long
25 would he be in there, do you recall?

THE WITNESS: I don't recall, sir. This is something that happened ---

HIS LORDSHIP: In '83, I understand?

THE WITNESS: On August, '83, and I don't recall.

THE COMMISSIONER: But you would make this note, would you? Because we've heard you have a very, very busy practice and patients are lined up all night. I don't know when you would get time to do these notes?

THE WITNESS: Well, I could do it when the patient has left.

Some of the highlights, for example, Mr. Commissioner, such as the blood pressure and the weight ---

THE COMMISSIONER: Right.

THE WITNESS: --- would be recorded by the assistant beside his name.

As you very appropriately described, it's a first come, first served practice before. So what would happen is people sign in, we would prepare -- there would be a list of people who signed in, so the assistant would record some of the highlights, and I would record certain highlights that I think I might forget, and there are other instances where I would dictate material into a tape recording.

THE COMMISSIONER: You say these were all done contemporaneously pretty well with the event? Did you ever do more than one of these at one time? Like August 15th and so forth? January 17th and January 31st? Would you do them all together from other notes or something?

THE WITNESS: Sorry, I'm not sure I follow your question.

THE COMMISSIONER: Well, I just wondered whether you would take January 17th and January 31st, February 15th, were these all done at the same time?

THE WITNESS: No, sir.

THE COMMISSIONER: I see. All right. Go ahead, Mr. Armstrong.

MR. ARMSTRONG:

Q. Can you read the note for January 17th, please?

A. Physique and inadequacy problem. Not happy with results. Appears to have feelings of inadequacy. Due --- and unfortunately the photocopy is not complete here ---

THE COMMISSIONER: Morphological -- is there something about structure?

MR. ARMSTRONG:

Q. It must be "Due to". Have you got the original?

THE COMMISSIONER: I have it here.

5 THE WITNESS: Or there might be another word there.

THE COMMISSIONER: January 17th. Due to his morphological or something structure. Right here.

(Handed)

10 THE WITNESS: Thank you.

MR. ARMSTRONG:

Q. Okay, so ---

A. Due to his morphological structure.
15 His stature is compounding this problem. Orientated properly in the three spheres. No disorders of perception or ideation. Appears depressed. No icterus?. S-1 as to normal. Chest normal. Abdomen normal. Testicles normal. No edema. 124 over 70. 79 kilogram Deca-Durabolin,
20 hundred milligram intra-muscular, blood work and investigations.

Q. All right. Read the note, then, please for January 31, '84?

A. Physique and inadequacy problem. Has
25 not carried out the tests and investigations yet. He has

been putting it off. It appears that he has fears that the tests will show that there is something wrong with him. This will reinforce his feelings of inadequacy. Depressed looking male in contact with reality. His judgment is intact. Displays some psychomotor retardation. S-1, S-2 normal. Chest normal. No edema. 118 over 64. 79 kilogram. Deca-Durabolin, hundred milligram intra-muscularly.

Q. Now, of course, Logan was another football player, and he said that he first made an appointment to go and see you and that he asked for a diuretic so he could stay in a lower weight class to compete in body building, which he was also doing.

Do you remember any of that?

A. Well, I did not hear his evidence. I was not here when he gave evidence.

Q. All right. And in any event, he was another patient, was he not, who just simply went to you to put it bluntly, ultimately -- although he went on the first occasion for diuretics -- he just went to get steroids, isn't that right?

A. That's not right, sir. I remember Logan distinctly because he had a short stature, he was a very short male.

Q. Yes?

A. And he had a weight problem, and he had a psychological problem associated with that, with his height and weight.

5 Q. So he was a little guy with what you describe as a small -- a physique problem, which would be a small physique, and he wanted some steroids to pump himself up, is that it?

A. Went -- not to pump himself up, but to overcome his psychological problem.

10 A. Well, simply related to his size, nothing else?

A. Well, size can cause a lot of psychological problems. Size and looks.

Q. Yes. But that's what it related to?

15 A. That's right.

A. Yes. Now, I just want to put to you the OHIP records for Logan, and let's look at your claim cards for him.

20 If you look at the third claim card that we have for Logan which is for a date in 1983, and we don't have any, we don't have any chart record for them and I guess the reason for that is that the chart record either wasn't done or has been thrown out, is that it?

A. That's right, sir.

25 THE COMMISSIONER: We have one for August

15th, '83, have we not? The first one? The chart says August 15th, '83. The first one?

MR. ARMSTRONG:

5 Q. Okay. Well then, let's go to your claim card for January 17th, 1984. Can you dig that up for Logan?

A. That's right, I have it.

10 Q. Okay. And what you put down for January 17th, 1984 in regard to Logan is again a half hour of psychotherapy, that code, K007, right?

A. That's right.

15 Q. And did you give him psychotherapy for his, the problems associated with his small stature and so on?

A. That's right.

A. Then why did you write in, in the sort of general diagnosis column there, sexual dysfunction?

20 A. Well, for OHIP purposes one has to use certain diagnostic codes that describe the clinical scenario as closely as possible. You have so many diagnostic codes, and in Freudian terms, an inadequacy problem is a sexual problem. In Freudian terminology, Freudian psychoanalytic terms.

25 Q. Well, Dr. Artinian, I asked you a few

moments ago about what his psychological problem was and you told me it all related to his small stature and his size.

There was no suggestion that there was any sexual dysfunction?

A. Well, we kept that as simple as possible. We didn't get into Freud at that time.

A. Well, but what you did in other cases was you wrote down, Anxiety state. We saw that, I believe, in Brownell, and ---

THE COMMISSIONER: Well, you have that with Logan, too -- excuse me -- if you look -- there is one for August '83.

MR. ARMSTRONG: That's right.

Q. I was going to take you back ---

A. Okay, if I may read the note on August 15. '83, it says, Physique problem and anxiety state. And that's the reason I marked down Anxiety state.

And the note on January 17, 1984 says physique and inadequacy problem ---

THE COMMISSIONER: No but -- excuse me ---

THE WITNESS: --- inadequacy problem ---

THE COMMISSIONER: --- excuse me, psychotherapy, if you give ---

THE WITNESS: Sir, if I may finish ---.

THE COMMISSIONER: Oh, I'm sorry, you're
right ---

THE WITNESS: --- what I am saying ---

5 THE COMMISSIONER: You're right, I'm sorry,
you're right ---

THE WITNESS: --- in order to make my
point, if I may finish what I'm saying, everybody keeps
interrupting ---

10 THE COMMISSIONER: No, you're right, go
ahead, doctor.

THE WITNESS: It's very hard to make my
points. Unless we're going to deliberately leave certain
things out.

15 THE COMMISSIONER: No, nobody wants -- we
want the whole story.

BY MR. ARMSTRONG:

Q. So what's the point?

20 A. I'm reading my notes, January 13th,
1984, the first line says, Physique and inadequacy
problem. And in Freudian problems, inadequacy problem is
sexual. That's the reason why the card on January 17,
1984 is marked sexual.

25 THE COMMISSIONER: All right, thank you.

THE WITNESS: Again, that's the closest one
can get using OHIP diagnostic codes. There are so many
diagnostic codes that one can use that were provided from
1979 on, and if you wish, I can provide you with a copy of
that later on.

MR. ARMSTRONG:

Q. Well, the August '83 code is K007, and
you simply write in, Anxiety state, and a charge of
\$32.30, and then this January 17th, '84 code is K007,
\$32.20 again, and I just am not clear whether on August of
'83 he simply had an anxiety problem and then in January
of '84 he had a physique problem and a sexual dysfunction
problem?

A. That's right. That's quite possible.
He's entitled to more than one problem.

Q. But is the sexual dysfunction problem
that you write down in the OHIP claim card, is that just
for the convenience of OHIP or did he have such a problem?

A. Well, as I said, for the fourth time,
inadequacy problem in terms of Freudian psychoanalysis
would be close as possible to a sexual problem. And it
would be for the convenience of OHIP to stick to their
diagnostic code. So one has to write the diagnostic code
that approximates as closely as possible to the clinical

record.

Q. All right. So leaving aside your
Freudian terminology and what it was you wrote down for
OHIP, did he in fact consult you in respect of some actual
sexual dysfunction?

A. What the patient consults me and what I
think is the problem, what I think the problem is may be
different.

You might come in thinking you have high
blood pressure because you're experiencing a headache.
But when I check your blood pressure it turns out to be
normal and I would say, Listen, you're not having a
headache because of high blood pressure, you're having a
headache because of migraine.

So what he comes in and what the diagnosis
ends up with could be quite different.

Q. I just --- common sense would have
suggested to me, doctor, that if this patient, Mark Logan,
in fact had a problem of sexual dysfunction, one would
have read through your chart and one would have seen some
indication of that, such as he was having problems with
his girl friends or whatever, that -- I don't need to go
into the details of it -- but one would have expected to
see in your chart some clear evidence that he was
complaining about his inability to perform sexually and

one just doesn't see it?

A. As I mentioned for the fifth time, one has to approximate as closely as possible for the diagnostic codes for OHIP reasons, for OHIP submission.

5 There is no diagnostic code for inadequacy problem as far as the OHIP.

THE COMMISSIONER: I think the doctor has explained that, given us his explanation.

MR. ARMSTRONG: I think he has.

10 THE WITNESS: Thank you, Mr. Commissioner.

MR. ARMSTRONG:

Q. Let's go to Chris Maksimovich.

15 A. His notes are in the green binder, I take it?

THE COMMISSIONER: There are two Maksimoviches, I think, doctor.

Are you going to Chris, Mr. Armstrong?

MR. ARMSTRONG: Yes, Chris Maksimovich.

20 THE COMMISSIONER: Back in '82.

MR. ARMSTRONG:

Q. Have you got the notes, doctor?

A. Yes, sir.

25 A. Do you want to just read your first

note of whatever it is in 1982?

A. March 19, 1982.

Q. Yes?

A. Physique problem ---

5 THE COMMISSIONER: Let me interrupt. Is it
18?

THE WITNESS: Yes, Mr. Commissioner.

THE COMMISSIONER: Thank you. Okay?

10 THE WITNESS: Physique problem, wants to
better his body. Thinks he's not muscular enough for a
male. This is making himself conscious and socially
withdrawn. No history of hepatitis, rheumatic heart
disease, hypertension or aggressive behaviour. A timid
male with non-masculine adiposity, alert and of average
15 intelligence. No icterus. No edema. S-1, S-2 normal.
Chest normal. Abdomen normal. Testicles normal. 110
over 62. 79 kilogram.

20 Side effects of steroid -- sorry, side
effects of steroids explained. Deca-Durabolin, hundred
milligram IM -- intra-muscular, that is. No alcohol.

Q. Now, this is another patient who said
under oath here that he was a football player and he
simply went to you for steroids and nothing else. What do
you say about that?

25 A. Well, that's not what he told me,

according to my notes.

Q. And he testified, indeed, that he recalls going to see you before the fall football season in 1982, which would --- and that on his first visit he went with his brother, and when he saw you, you asked him what he wanted and he said Deca-Durabolin and you simply gave him Deca-Durabolin and he paid for it and left?

A. Well, Mr. Armstrong, that is fantastic. If anybody can remember what happened on an exact date of March 18, 1982, with this kind of detail.... I would say this man must have an A-1 -- well, actually more than an A-1 of a memory. I mean, with this kind of detail that you just outlined, I think this is fantastic.

MR. HUGHES: In all fairness, Mr. Armstrong, to your characterization of his evidence, I asked him at page 12277 of the transcript,

When you first went to see Dr. Artinian, did you tell him that you were a football player? Answer, no, sir.

So to characterize him as a football player is your characterization, it's not what he told Dr. Artinian. And that's his own evidence.

THE COMMISSIONER: Thank you.

MR. ARMSTRONG:

Q. Well, look, Dr. Artinian, the evidence here is that your name was well known in the gyms, one or more of these witnesses have testified indeed that they got your name in the gyms; the evidence here is that there were football players and body builders going to you.

I don't think it comes as any surprise to you today to find out that Chris Maksimovich and some of these other people who went to see you were indeed football players, does it?

A. Well, it does, it does come as some surprise. Because Chris Maksimovich didn't exactly, according to these notes, doesn't look like a football player.

Q. Well ---

A. Or not a good, not a good football player.

Q. And do you have a clear recollection of him?

A. No, I'm just relying on my notes.

Q. Well, he weighed a hundred and seventy-three pounds. Sounds like a fellow who maybe wanted to get up to 200 pounds so that he might be ready for football.

A. Well, that's possible but that's only speculation.

Q. Okay. All right. And indeed, although your chart shows that he weighed 79 kilograms, his evidence in 1982 was that he weighed 235 pounds, possibly more?

5 A. Well, that would imply either that my assistant or myself had made a mistake in recording his weight or perhaps his memory is failing.

Q. All right. Then let's move along to his brother, who is Ivan Maksimovich.

10 THE COMMISSIONER: I notice, doctor, that all these -- we've dealt with them so far -- were all . given Deca-Durabolin?

THE WITNESS: Yes, Mr. Commissioner.
Deca-Durabolin is one I consider to be one of the purest,
15 most rigidly tested anabolics, and of course behind it stands the name of Organon ---

THE COMMISSIONER: I recall somebody had Methandate? Is that it? I think somebody said on one occasion they got Methandate -- is that the word ---

20 MR. ARMSTRONG: Metandren.

THE COMMISSIONER: Metandren? We'll come to that. Go ahead. Thank you.

MR. ARMSTRONG:

25 Q. All right. Then this is the brother,

and again he testified under oath that when -- that you asked him some questions about his prior health history, and then you asked him what he wanted, and he replied Deca-Durabolin, and -- or he may have --- he wasn't
5 sure --- simply asked you what was available and had been told that there was Deca-Durabolin, Depo-Testosterone and a drug called Delatestryl.

Do you ever remember having a conversation with this patient such as that in which he was indicating
10 really that he was there for steroids?

A. I don't recall having a conversation of that nature. These things happened years ago.

Q. All right. And then what do your records indicate that you were seeing this patient for?
15

THE COMMISSIONER: Physique problems.

THE WITNESS: Weight problems. That's right, physique problems.

THE COMMISSIONER: Your own language here is physique problems.
20

MR. ARMSTRONG:

Q. And again your OHIP billing records suggest for the most part -- although there is some variety in them --- dealing with specific things --- but
25 for the most part where you're dealing with the physique

problem and injecting him with steroids, your OHIP claim
diagnosis suggests an anxiety state, is that right?

A. That's right.

5

10

15

20

25

A. That's right. He had other problems apart from his physique and weight. He was working as a bouncer in a bar. And he had all sorts of other problems.

Q. All right.

5 THE COMMISSIONER: May I ask you this, Doctor. I notice -- can you charge OHIP for the injection of anabolic steroids? Is that in the --

THE WITNESS: No, sir, no.

THE COMMISSIONER: So, none of these bills
10 are for anabolic steroids, I gather.

THE WITNESS: No, sir.

THE COMMISSIONER: Thank you.

MR. ARMSTRONG:

15 Q. So, when the patient was there simply in respect of what you describe as a physique problem, your practice invariably seems to have been to either give him tablets or inject him with anabolic steroids and put in an OHIP claim for psychotherapy in respect of either an
20 anxiety state or sexual dysfunction; is that fair?

A. That's not fair at all.

Q. Well, that seems to have happened at least on a number of occasions. What happens -- are there any exceptions to that?

25 A. No, well, I think we elaborated with

Logan, Mark and Mr. Duncan Brownell and who read the notes, and if it was just a matter of him coming in and getting an injection and coming out, then under the circumstances that wouldn't have been fair. But it is not
5 like that.

Q. Okay. Well --

THE COMMISSIONER: Then I think they have all testified that they would all pay -- they would pay a fee for the injection --

10 THE WITNESS: Well, Mr. Commissioner, they would pay the price of the injection because OHIP does not cover the cost of any type of medication.

THE COMMISSIONER: What was the charge for an injection that you recall?

15 THE WITNESS: It varied from time to time depending on what the prices of Organon was at the time.

THE COMMISSIONER: Well, I think they talked about \$25 or something like that. Would that be about right?

20 THE WITNESS: I think if I recall correctly one of them said 17, one of them said 15, another one said 20.

THE COMMISSIONER: I see. All right.

25

MR. ARMSTRONG:

Q. All right. Can we just --

THE COMMISSIONER: You are just recovering
your costs; is that what you are saying, for the
injection?

5

THE WITNESS: That's right, Mr.
Commissioner.

THE COMMISSIONER: Thank you.

10

MR. ARMSTRONG:

Q. You are charging a little more, making
some profit, are you not?

15

A. Well, Mr. Armstrong, now that you have
shown me the amount of the money that I spent in
purchasing this, I am not so sure whether I did make a
profit. Plus --

Q. Well --

20

A. -- there were a number of thefts, like
the closet where I used to keep injectables were broken in
to a number of times.

25

Furthermore, a lot of people, when I am very
busy with a lot of different patients in ten examining
rooms, a lot of people might just walk out without paying,
et cetera, et cetera. So, I am not sure how much profit I
made, if any.

Q. What do you mean your closet was broken in to a number of times?

A. Well, early -- well, in 19 -- I can't recall right now the month. In 1983, the closet was found broken and a fair amount of anabolics missing. In the
5 winter of 1985 that happened again. Early 1986 that also happened. Early 1987, and the fall of 1987 that happened again.

Q. So, five occasions?

A. That's right. There may have been
10 more.

Q. That your cupboard was broken into?

A. That's right.

Q. And anabolic steroids stolen?

A. That's right.
15

Q. How much was stolen, do you recall?

A. I don't recall, but I would say, you know, the whole closet was empty. So, it might have been a significant amount.

Q. Did you report that to the police on
20 each of those occasions?

A. Yes, sir.

Q. That would be the local neighbouring
division of the police department?

A. Well, that I don't know. All I do is
25

pick up the phone and call them.

THE COMMISSIONER: Did they come and see the premises and try --

THE WITNESS: Right, Mr. Commissioner, yes, they did.

THE COMMISSIONER: They did?

THE WITNESS: As far as I recall they did.

THE COMMISSIONER: They never found the people who broke in, did they, I gather?

THE WITNESS: No, sir. There might have been one occasion, Mr. Commissioner, where they may have just spoken over the phone. I can't recall exactly each and every detail.

MR. ARMSTRONG:

Q. Well, we made an inquiry, Dr. Artinian, and on April the 12th, 1984, you reported that 25 vials of Deca-Durabolin, 8 vials of injectable testosterone were stolen from your supply room. And then on December 11, 1987, you reported that a male patient stole 10 to 15 vials of Deca-Durabolin from your examining room. And those are the only records of your having made a complaint to the Metropolitan Toronto Police Department in respect of stolen drugs.

THE COMMISSIONER: I am sorry, Mr. Hughes.

Mr. Armstrong. Yes, Mr. Hughes.

MR. HUGHES: I am sorry. I take it if Mr. Armstrong is putting it to the witness for the truth of what it purports to say --

5 THE COMMISSIONER: He is talking about what the instructions are --

MR. HUGHES: -- and if he is intending to call someone from the Metro Police to put that evidence in, I take it?

10 MR. ARMSTRONG: I am not making any such undertaking. And I think, with respect, I am entitled to put this to the witness.

15 THE COMMISSIONER: With what the instructions are and the Doctor says there are more break and enters and that he reported them all. But let's get on, Mr. Armstrong.

MR. ARMSTRONG: All right.

20 MR. HUGHES: Well, with respect, I don't want to leave it with the characterization that I am being unfair. If you are going to put evidence to this witness that contradicts what he is saying --

THE COMMISSIONER: Mr. Hughes, he is putting instructions. His instructions are these -- the examinations were made, the Doctor doesn't agree with him.

25 MR. HUGHES: Just for the record, my

objection is there.

THE COMMISSIONER: Thank you, Mr. Hughes.
I understand that. And the Doctor doesn't agree.

5 MR. ARMSTRONG:

Q. I am suggesting to you you only
reported two thefts to the Metropolitan Toronto Police
Department covering a relatively small amount of drugs.
Having refreshed your memory, would you -- does that
10 change your mind, change your recollection?

A. No, sir.

Q. All right. Then, go back to Ivan
Maksimovich, if you will, please, and let's look at your
note of October 11, 1983. Can you read it, please.

15 A. Physique problem, not satisfied with
results, wants less fat in his body. No fatigue, no
changes in urine color, no right upper quadrant pain,
plump, depressed-looking male with long hair. No edema,
no icterus. S-1 S-2 normal, abdomen normal, testicles
20 normal. 100 over 60, 89 kilogram. Deca-Durabolin 100
milligram intramuscular.

Q. Now, this patient on that note clearly
has no sexual dysfunction problem; will you agree with me?

A. Well, it is quite possible there may be
25 another page for this note.

Q. Another what?

A. Another page that is not here. This looks like maybe it could very well be a continuation from another page.

5 MR. ARMSTRONG: Well, could I see Exhibit 238. Is that up here?

THE COMMISSIONER: Another page of the exhibit?

10 Well, there must be a separate page because your writing -- you put something in below it, as you know, Doctor?

THE WITNESS: Sorry, Mr. Commissioner, I put something in? I didn't catch what you said.

15 THE COMMISSIONER: There is another note on the same page at a later date.

MR. ARMSTRONG:

20 Q. Here is Exhibit 238 for the original for Maksimovich and there is the original of that note. It starts at the top of the page for October 11, 1983 and finishes where you stopped reading. Then the next note is another date in October 1983.

25 A. Well, what I am saying is that before this, on a different page, there may have been also another record of October 11. This seems like a

continuity, a continuation of something earlier.

THE COMMISSIONER: Had you seen him
earlier? I see what you mean. I think "not satisfied
with results". Had you seen this complaint before, this
5 patient?

THE WITNESS: Well, according to the
notes -- the tone of the notes --

THE COMMISSIONER: It looks like you did.

THE WITNESS: Yes.

10 THE COMMISSIONER: I see. We haven't got
that from Mr. Hughes.

MR. ARMSTRONG:

Q. Where would that note be?

15 MR. HUGHES: You haven't got it, sir,
because I didn't have it.

THE COMMISSIONER: I know that, Mr. Hughes.

MR. ARMSTRONG:

20 Q. Can you help us? Where would that note
be? Would it be destroyed? Six years isn't up yet.

A. Well, is it there? Can I see the
chart?

Q. Yes.

25 A. Thank you.

THE COMMISSIONER: It does appear that you had seen this patient before, I think, Doctor.

THE WITNESS: That's right, sir.

THE COMMISSIONER: So, if you haven't got it, we haven't got it. Unless it is out of place somehow. I don't think so. Well, can you go on.

MR. ARMSTRONG: I just want to complete this.

THE COMMISSIONER: Go ahead.

MR. ARMSTRONG: I want to be fair to the Doctor to give him time to look.

THE COMMISSIONER: No, it does look like somebody has talked to this patient before, "not satisfied with results". I don't know whether that is results that you would have prescribed for him or somebody else.

THE WITNESS: Sorry, I didn't catch that, Mr. Commissioner.

THE COMMISSIONER: It says here physique problem, not satisfied with results. I don't know whether that means results of something you had prescribed or somebody else, we can't tell.

THE WITNESS: It is quite possible, either one, sir.

THE COMMISSIONER: Thank you.

MR. HUGHES: Sir, just to be helpful, I

think the witness's own evidence was that he thought he had seen Dr. Artinian before 1983, but he wasn't clear about the dates --

THE COMMISSIONER: It looks like he has.

5 MR. HUGHES: Yes.

MR. ARMSTRONG:

Q. And he did. I mean, the OHIP records go back as early as February 14, 1984.

10 THE COMMISSIONER: All right.

MR. ARMSTRONG:

Q. But --

15 A. According to this page, they go back to November 3, 1983.

Q. Well, forget about that. Okay. Let's just deal with what the actual records show. And let's go back to October 11, 1983 --

20 THE COMMISSIONER: Can I have the original of the Doctor's notes.

MR. ARMSTRONG: -- of this patient.

THE COMMISSIONER: Thank you.

MR. ARMSTRONG:

25 Q. What this record, I suggest to you,

indicates is that this fellow goes in for some steroids, you describe his condition as a physique problem, you give him a 100 milligrams of Deca-Durabolin, right?

A. That's right. Well --

5 Q. You charge him --

A. -- I gave him 100 -- I am just agreeing with the phrase I gave him 100 milligram Deca-Durabolin intramuscular, that's all.

10 Q. You charge him cash for the Deca-Durabolin, right?

A. That's right.

Q. And then you bill OHIP on your OHIP card for a half an hour of psychotherapy under the code K007. And you diagnose him as sexual dysfunction.

15 And what emerges here, I suggest to you, is simply a pattern that you are billing OHIP on the one hand for a half an hour of psychotherapy, writing down either an anxiety state or sexual dysfunction, you bang him in the rear end with a shot of steroids and charge him cash
20 for the steroids. That's what's happening.

A. Well, you are wrong, sir.

Q. Let's go on to Mr. Marshall. This is a patient who recalls that he went to see you in the summer of 1985, that you asked him what he wanted, he replied
25 Deca-Durabolin. He believes you took his blood pressure

and gave him an injection, told him not to drink alcohol.
And he paid you cash for the injection.

A. I think, if I recall correctly, sir, he
said more than that.

5 Q. He says he recalls you asking a few
general questions about his health?

A. That's right.

Q. All right.

10 A. So, he recalled me asking him a few
general questions about his health.

Q. All right. Then again this is another
one where he has got a physique problem, patient wants to
what? Can you just read that?

A. Where are we here?

15 THE COMMISSIONER: It is --

THE WITNESS: Which date is that?

MR. ARMSTRONG: June 18, 1985.

THE COMMISSIONER: -- the first one, I
think.

20 THE WITNESS: Thank you, Mr. Commissioner.

THE COMMISSIONER: Physique, patient wants
to --

THE WITNESS: Increase his muscularity.

THE COMMISSIONER: Right.

25 THE WITNESS: In turn this will increase his

selfconfidence. He has tried all sorts of high protein diets without any success. No history of rheumatic heart disease, mumps, hepatitis, hypertension or aggressive behavior. Appears to be in contact with reality. Is of
5 average intelligence. No icterus, no edema, S-1 S-2 normal. Chest normal, abdomen normal, testicles normal. 124 over 68, 78 kilogram, side effects of steroids explained. Deca-Durabolin 50 milligram IM, no alcohol.

10 MR. ARMSTRONG:

Q. Now, what was the Deca-Durabolin prescribed for in this case?

A. For his weight problem.

Q. That is his physique problem?

15 A. That's right, same thing.

Q. All right. And then in July of '85 there is more Deca-Durabolin prescribed for the same thing. June 26 -- sorry?

A. You mean July 26.

20 Q. July '85. July the 12th, '85, July 26, '85 there are shots of Deca-Durabolin, then that's again just for the physique problem?

A. Well, if we look back at the notes of July 12, '85, I also prescribed or recommended sulphacort
25 (phon) drops.

Q. What was that for?

A. That was for an itch in his ear.

Q. Okay. With somebody like this fellow,
Marshall, or indeed any one of the others, where you are
5 simply prescribing the steroids in each case for what you
describe as a physique problem, that is the patient just
comes to you and wants to be bigger, and heavier or
muscular --

A. As I said, five -- as I said throughout
10 the whole thing on numerous times, there is more to it
than just that. It is not just people coming in and
saying, listen, I want to get bigger, I want to get more
muscular, they get a shot and go out. It is not the way
you are putting it.

15 Q. Well, what more to it is there?

A. Sure, there is. There is a physical
examination, there is a history, et cetera, et cetera.

Q. Let's assume that the physical exam
takes place and the history is taken, for the sake of this
20 discussion, but basically the patient is there describing
what you note as a physique problem. And that patient is
simply saying to you I don't like how I look, I want to
get bigger, right?

A. That's right.

25 Q. More muscular. Now, bearing in mind

the risks and potential risks of anabolic steroids, did it ever occur to you to say to a patient, look, I am not going to give you anabolic steroids, I won't give you anabolic steroids because I think the potential risks are too great. And, sure, they will make you a little bit heftier, and a little bit muscular, but so what?

A. Well, if the patient is coming to see the doctor for his muscularity problem, he must have a real problem.

That would be like saying to a woman with small breasts who feels she's cheated, listen, I am not going to refer you to a plastic surgeon, you go and live with your small breasts, I couldn't care less, plastic surgery has risks. That would be very unfair.

The purpose of a physician is not just to prevent people from dying, it is also to alleviate suffering and to help people in each and every possible way, including psychological problems, physique problems, look problems, et cetera, et cetera.

Q. But did it ever occur to you to attempt in view of the rather serious risks that do accompany these drugs, did it ever occur to you to dissuade a patient from taking steroids?

A. Well, Mr. Armstrong, where are these serious risks? Do you have any publication that proves

categorically these serious risks? Could you show it to me these serious risks that you keep referring to.

THE COMMISSIONER: Let's not get into an argument about that.

5 THE WITNESS: Do you have any publication, do you have any literature, if I may see it.

MR. ARMSTRONG:

10 Q. One of the advantages that I have over you in this job is that I get to ask the questions not to answer them, but --

THE COMMISSIONER: As far as your testimony is that you think that there are no side effects to anabolic steroids and you have told us that.

15 MR. HUGHES: I am sorry, sir, he didn't say there were no side effects.

THE COMMISSIONER: Well, none, he says scientific proof. There is no scientific study which has proved side effects.

20 MR. HUGHES: Well, sir, his evidence was, in fairness, that he did tell patients and discuss side effects with them. So, there must have some discussion of side effects. In fact, the College notes that he's referred to discusses them.

25 THE COMMISSIONER: He's just brought this

on now. I agree every note says side effects explained.

MR. HUGHES: Well, with respect, and I
acknowledge that Mr. Armstrong is not in a position to
have to answer the witness's questions, but he should put
his questions fairly.

Dr. Artinian has not accepted that there are
serious medical risks associated with that. And he's
accepted that there were side effects and those side
effects he discussed with the patient.

THE COMMISSIONER: I think that summarizes
it.

MR. ARMSTRONG:

Q. All right. Let's just go on to Mr.
Morassutti and look at your notes in respect of him. He
is another patient that appears to have, according to
these notes in August of '84, the 3rd of August, and the
22nd of August, '84, received 100 milligrams
intramuscularly of Deca-Durabolin. Can you tell us for
what reason he received the Deca-Durabolin?

A. For a weight problem.

Q. He, of course, swore that he came to
see you in May of '84 which is different from your notes?

A. No. My notes do say May 29, '84, Mr.
Armstrong.

Q. I missread your note, did I? Sorry. I thought it was August.

A. You have skipped a page.

Q. Have I?

5 MR. HUGHES: What you skipped is the chart, I think, Mr. Armstrong.

MR. ARMSTRONG: I see.

THE COMMISSIONER: It was a chart.

10 MR. ARMSTRONG:

Q. Okay. So, he said he came to see you in May of '84, told you that he was a University of Toronto Blues football player, and indicated he was there for steroids. And that you told him the price and the various types. Do you deny that?

15

A. I don't recall what happened on May 29, 1984 specifically.

Q. All right. Then there is -- there was a patient by the name of Oldfield who was both a football player with the University of Western Ontario and the University of Toronto. And he says he went to see you with you a friend, that he told you that he was a football player, and that he wanted to get bigger and stronger, and you suggested Deca-Durabolin. I guess you wouldn't quarrel with that would you, or would you?

20

25

A. Well, which date? Which visit are we referring to? When?

Q. He said that he couldn't recall the date but he thought it was in July of 1985, it might have been in July of 1985. It looks like you saw him, according to these notes, the first time on July the 3rd?

A. Yes, that's right. And then afterwards July 19, '85, where he did relate a problem with his weight and build.

Q. Okay. All right. Did it ever occur to you that there were indeed body builders and football players who were coming to you simply to obtain steroids because they wanted them to perform better either in the gym or on the football field and for no other reason?

A. Well, Mr. Armstrong, as I mentioned earlier, there is not a shred of evidence. In fact, the product monograph says steroids, anabolic steroids, do not enhance athletic performance. And these people were given the product monograph and told so accordingly.

I don't see why they would come in and wait two and a half, three, sometimes three-and-a-half hours to see me if that was indeed the case.

Q. Well, in the period of the middle 1980's, four or five years ago, you must have known --

A. Sorry period of 1980's which is four or

five years ago?

Q. Middle 1980's.

A. I see, sorry.

5 Q. You must have known that steroids were used by some athletes, did you not?

A. That's right, yes, to increase their weight and to increase their muscularity.

10 Q. And you must have known that patients who were coming to you and getting anabolic steroids were likely football players and body builders; that's all I am suggesting to you?

15 A. Not necessarily. I mean they could be other. They could be other people from a different -- other walks of life. But, of course, that's true, some of them could have been football players and could have been body builders, but I made no major probing to find out exactly whether they were football players or athletes because according to the 1983 College Bulletin there was nothing unethical for a physician to prescribe steroids.

20 In November 1988, the policy of the College has changed.

THE COMMISSIONER: No, but 1988 the policy was changed saying that you cannot give anabolic steroids to enhance performance.

25 THE WITNESS: That's right, Mr.

Commissioner.

THE COMMISSIONER: But according to your evidence you have never done that. So, you are not covered -- you could go right on today and do what you are doing if you are right because you are not doing it -- you are treating these people for other purposes?

THE WITNESS: But, if I were to do it now, sir, what I would have to do is really go into detail probing.

THE COMMISSIONER: You have never done this to increase athletic performance. So, the present, in your opinion, the present ruling would not prevent you from doing what you have been doing.

You have been telling Mr. Armstrong all morning that you did not treat -- give these people this medicine, this drug, except in relation to some problem they had, not merely to increase their performance?

THE WITNESS: That is --

THE COMMISSIONER: You say these drugs don't increase performance. So, you could just carry on right now if you are right?

THE WITNESS: That's correct, sir, but the onus on me would be to make sure to be 100 percent sure that these people are telling me the truth, and they are not football players, or they are not athletes. So, I

would have to really probe and dig.

THE COMMISSIONER: So, the fact that a man is a football player, the prohibition is directed to the medical profession. And if you don't know, if you are not giving these drugs for an improper purpose, then you are not covered at all today?

THE WITNESS: Well --

THE COMMISSIONER: Because you have been insisting all morning that you are really treating -- these were patients that came to you with ailments, but not to get drugs. Isn't that right?

THE WITNESS: What, if the patient comes in --

THE COMMISSIONER: Isn't that right, now, Doctor? You have said that all these patients came in. You rejected Mr. Armstrong's suggestion they came in for drugs. And as I understand your evidence, that they came in as patients, they were examined, and matters were discussed, you detected anxiety I think in almost all of these or sexual dysfunction, and you treated them for such. And that's what your bending away for for the treatments?

THE WITNESS: That's right. That's correct, sir.

THE COMMISSIONER: But it nothing to do

with the present ruling.

THE WITNESS: But what if a patient comes in and says, listen, I am short and very thin and I need to put on my weight because, you know, I am ashamed of my looks and later on he turns out to be a football player. Then I am going to be harassed, just like I am now, on account of these new rules and regulations.

THE COMMISSIONER: Nobody is harassing you, Doctor. All these people came forth and testified because we are interested in distribution of steroids. That's why we are here.

THE WITNESS: But it seems like the message is obvious. Any physician who has prescribed steroids is just going to be harassed.

In fact, if we were to call right now a lot of these companies, there are certain practical points. They are not making medication available. Every time you call them, they would say it is out of stock, it is not on stock.

THE COMMISSIONER: All right.

THE WITNESS: So, I guess they are being cautious also.

THE COMMISSIONER: Go ahead, Mr. Armstrong.

MR. ARMSTRONG:

Q. Well, the College policy is quite
5 simple and straightforward now, we've filed it as an
exhibit here, 187. It says:

"Prescribing, administering or providing
assistance relating to the use of
substances, including anabolic steroids, for
10 the purpose of enhancing athletic
performance, without medical indication,
and/or for the apparent purpose of assisting
an athlete to cheat, is unprofessional
conduct."

15 Now, if you really do use all these steroids
for these medical conditions that you indicated at the
outset this morning, it should be, I suggest to you,
pretty easy to distinguish whether or not you're providing
the anabolic steroids for one of those medical conditions
20 or simply for the purpose of aiding some athlete in
cheating, should it not?

A. Well, Mr. Armstrong, it's not as easy
as that at all. Not whatsoever.

25 An athlete could easily have a shoulder
injury that is not healing. As we said earlier, anabolics

stimulate protein synthesis and as a result they could be used in injuries, and could take the anabolics because of the injury, but at the same time it would help him cheat. So how do you separate one from the other?

5 Q. Well, what about the person that comes in with hives or comes in with all of these other conditions that you've referred to ---

 A. Those -- well, of course, in those circumstances, if a little old lady came in complaining of
10 chronic urticaria, by all means, of course I would prescribe it, if it is available. If the company would make it available.

 Q. And you referred to the earlier ---

 A. But if it's not available -- sorry to
15 interrupt you -- I would have to use different type of, alternate type of treatments, which would not be exactly good, because with somebody with chronic urticaria or chronic hives, anabolic steroids do work and they are safer than cortisone.

20 HIS LORDSHIP: But none of these people we have discussed this morning had those conditions?

 THE WITNESS: No, sir. That's correct, Mr. Commissioner.

25 MR. ARMSTRONG:

Q. You've referred to the earlier policy of the College which is Exhibit 186, and indeed that policy starts out by saying:

"Anabolic steroids are frequently used by athletes despite the bans of various sports organizations."

Now, ---

THE COMMISSIONER: Can I see that for a minute? Thank you.

MR. ARMSTRONG:

Q. Now, did it ever occur to you when some of these people were coming in with their physique problems, at all, bearing in mind what the College had told you in its own policy, that these are frequently used by athletes, that really what you were doing was you were distributing anabolic steroids to a population of athletes and thereby helping them cheat?

A. Well --- but you see, when you read the College bulletin, it doesn't say that I should make an issue and dig to find out whether the person is an athlete or not. It doesn't say anything about unethical for a physician to prescribe the anabolic to athletes.

THE COMMISSIONER: Well, we're not concerned here at the moment whether this was or was not a

breach of the particular regulation, but what we are concerned about is the distribution of anabolic steroids, where they are coming from and how these people were getting them.

5 And, and you've explained the reason, but --- and I hear what you say -- but you bought a tremendous amount of anabolic steroids in a very short period of time?

THE WITNESS: Well, over nine years, sir.

10 THE COMMISSIONER: No, over five years. Five years we are talking about. Over \$200,000 in five years?

15 THE WITNESS: Mr. Commissioner, also as I mentioned on a number of times, I don't believe that these drugs enhance athletic performance.

 THE COMMISSIONER: I understand that, I understand that --

20 THE WITNESS: So if they don't, I don't believe, that, you know, I am helping these athletes cheat. Because these things don't enhance athletic performance.

 THE COMMISSIONER: Well, you haven't been following our evidence, doctor. But that's another matter. That's your opinion.

25 THE WITNESS: Mr. Commissioner, with all

due respect, these are just opinions of people, of certain individuals. I've heard some patients say, Well, if I take an aspirin at night, I would sleep better. Now, that obviously is not scientific, it doesn't make any sense
5 whatsoever ---

THE COMMISSIONER: Well, you're not here for that particular purpose. We have had evidence for months on the effect of these steroids and what they do or do not do with respect to performance. We have had our
10 own studies made, too.

But in any event what Mr. Armstrong is pursuing is the, is the administration of large quantities of drugs, of anabolic steroids. And you give your explanation, you say there is a very broad medical use for
15 them in your opinion. Isn't that right?

THE WITNESS: That's correct. That's right.

THE COMMISSIONER: And you describe the many things you use them for, and of which only part is
20 this, this physique problem?

THE WITNESS: That's right, sir.

THE COMMISSIONER: And that's what I think you told us this morning. Mr. Armstrong?

25 MR. ARMSTRONG:

Q. And what percentage of your steroid administration or prescription would relate to the people coming in with a physique problem in this period, say, of '84 to '88?

5 A. Well, Mr. Armstrong, it would be an estimate because then I'm relying on my memory, and furthermore, as I said before, there could be overlap.

In other words, an athlete might have a shoulder injury, a knee injury that's not healing properly ---
10

THE COMMISSIONER: But how many are this type of person here who's got except a physique problem?

THE WITNESS: I would say the ratio would be 30 percent to increase muscularity and weight, and 70 percent for the balance of the other problems. But that's
15 an estimate.

THE COMMISSIONER: I understand, yes.

THE WITNESS: And it may have changed from year to year.
20

MR. ARMSTRONG:

Q. And have you since the fall of '88 administered or prescribed anabolic steroids to anybody?

A. No, sir.

25 Q. So you haven't treated that other 70

percent of your patient population who you might ordinarily treat with steroids by the use of steroids?

A. Well, there are many, many other different options of treating these conditions.

5 For example, if we take an example like osteoporosis which could be very nicely treated with anabolics, it could also be treated with calcium medication which can cause gastric irritation, and it means that the person would have to take a calcium
10 medication on a daily basis.

 It could also be treated with estrogens instead of anabolics. Now, estrogens are available. Personally, I don't like using estrogens because I have seen one case of endometrial carcinoma or cancer. But
15 you see, there are different therapeutic options available to the physician.

 And also there is a practical problem. If we were to call right now Organon or --- I was for example speaking to a pharmacist and he said he was trying to get
20 a vial of Deca-Durabolin from Organon and every time he called he called he said they were out of stock. It was not on stock any more.

 So the companies are not making the drugs available, to my knowledge.

25 THE COMMISSIONER: Would this be a good

place to adjourn?

MR. ARMSTRONG: Yes.

THE COMMISSIONER: All right. Make it

2:15.

5

--- Luncheon recess.

10

15

20

25

--- Upon resuming:

THE COMMISSIONER: I apologize for the
delay. I had a few matters I had to attend to. Mr.
5 Armstrong?

MR. ARMSTRONG: Thank you, Mr.
Commissioner.

MR. ARMSTRONG:

10 Q. Now, Dr. Artinian, I just have a couple
more questions and that is, in respect of all of the drugs
over this period -- that is, when I say drugs ---
steroids, that you administered to patients quite apart
from the injectibles there were, of course, a large number
15 of tablets purchased, some 250,000 of them.

Is there any particular reason why, instead
of buying tablets yourself and giving them to the
patients, that you wouldn't simply provide the patients
with a prescription and then they could buy their own
20 tablets?

A. Well, basically I was buying
injectibles from the companies; the reason being when the
patient comes in, it could have been inconvenient to give
them a prescription and then they would go out to a
25 pharmacy and obtain an injection and come back on a later

date.

Q. Right, I understand that, but if you're going to administer ---

A. Right, I understand, but if I may come to the point.

Q. Right?

A. So since I was dealing with the companies anyways, I thought it might as well be convenient to purchase pills also from the same companies who were providing me with injectibles. That way I would get better deals, less costly prices and better service.

Q. All right. And then when you would -- so I take it in regard to the tablets, you would simply provide them with the tablets and sell them at whatever the appropriate price was in the circumstances?

A. That is correct, sir.

Q. All right.

THE COMMISSIONER: At cost? Did you sell at cost?

THE WITNESS: That is right, sir.

MR. ARMSTRONG:

Q. And when you would provide either injectibles or tablets to a patient, did you make any record in your charts or anywhere else, other than the

kind of record we see here, such as 30 milligrams or whatever the dosage might be, of Deca-Durabolin?

A. Well, I kept a record of what I sold.

Q. Yes.

5 A. If that's what you mean.

Q. And was that kept separately from your charts?

A. That's right.

10 Q. Because I notice -- and again I don't want to get into the area of what the College of Physicians and Surgeons might be interested in --- but I notice, for example, the regulation of the College of Physicians and Surgeons sets out a number of prerequisites -- not necessarily prerequisites -- but a
15 number of conditions that you must fulfill where you're selling drugs to patients, and you must keep a full record such as the name and address for whom the drug is prescribed, the name and strength of the drug, the
20 quantity, the identity of the manufacturer, the directions for use, identification number or other designation, the date on which the drug is expensed, the price charged, and so on.

25 And the container that the tablets would be sold in would have to be marked with an identification number. The name of the drug, the quantity, the date the

drug is dispensed, the same kind of information.

And did you follow that in your practice?

A. That's correct, sir.

Q. You did, eh?

5 THE COMMISSIONER: They don't appear in the records we have here, I guess, doctor?

THE WITNESS: Well, the records simply indicate the actual dosages and the amounts, sir, but they don't ---

10 THE COMMISSIONER: But is there any record of tablets actually being given out? I haven't checked them all yet. I just noticed mostly that Deca-Durabolin was almost all of them. Was there any record of tablets ---

15 MR. HUGHES: Yes, sir, I believe there was some prescription of and administering of Metandren in some of the -- at least one -- I don't remember if it was more ---

20 THE COMMISSIONER: I'm talking, I'm talking about dispensing of tablets.

MR. HUGHES: Yes, those were tablets. Linguettes, actually, to be precise. Linguettes I think is the type of medication that's dissolved under the tongue.

25 THE COMMISSIONER: Which drug is that?

MR. HUGHES: Metandren, I believe.

MR. ARMSTRONG: Could I have your
indulgence? Can you help us which patient that was?

MR. HUGHES: I'm doing that from memory,
5 Mr. Armstrong.

MR. ARMSTRONG: Oh.

THE COMMISSIONER: No, I remember there was
some evidence about the drug under the tongue.

Several of the witnesses said they actually
10 got tablets from you, doctor, I recall. I'm just
wondering whether you'd keep a special chart of those? I
could be in error.

MR. ARMSTRONG: If I could just ask a
couple more questions while we're looking for this
15 information, we may or may not get it.

MR. ARMSTRONG:

Q. But I think it's fair to say that --
and it just may be the way you do your charts, but your
20 charts don't contain the kind of information that the
regulation seems to suggest that you should keep, and you
said that of course you keep that information.

Now, is that on some other record that you
have at your office?

25 A. Well, as far as the transactions, like

the amount of money they paid, we'd keep that separately.

Q. I see. And was it always cash?

A. No. Could have -- might have been cheque. And sometimes ---

5 THE COMMISSIONER: Do you recall yourself how much you were charging for the injectible?

THE WITNESS: Well, um as I said before, Mr. Commissioner, it varied depending what the company was charging.

10 THE COMMISSIONER: I see.

THE WITNESS: I don't recall exactly right now what I charged.

THE COMMISSIONER: Well, we'll leave that.

15 MR. ARMSTRONG:

Q. And did you give receipts to the patients for the -- a lot of them, of course, that we saw --- we only saw seven -- but said they paid cash. Would a receipt have been supplied to them?

20 A. If they asked, yes.

Q. If they didn't ask, they wouldn't have received it?

A. That's right.

25 MR. ARMSTRONG: All right. Could I just have your indulgence?

Q. Now, there was one of your patients who testified, Lococo, and you weren't able to locate his file. Have you any explanation for us as to what may have happened to his file?

5 A. Well, according to Lococo, Mr. Lococo's testimony, he said he saw me in 1981 and 1982 and that chart may have been destroyed because it's past the six-year period.

10 THE COMMISSIONER: Well, do we have his OHIP records here, by any chance?

MR. ARMSTRONG:

15 Q. The patient who received the Metandren is the last patient in the binder, Oldfield, and if you look at the last entry, Mr. Commissioner -- the second last entry, July 30th, '86, Metandren.

THE COMMISSIONER: Mr. Hughes is right --- I've got a file here called Richard Lococo.

What's that?

20 MR. ARMSTRONG: That's just the OHIP record for Lococo.

THE COMMISSIONER: Well, according to this it was in '84, beginning of '84.

25 MR. HUGHES: If it's of any assistance to you, sir, Mr. Lococo's evidence was that -- in 1981 and

1982 ---

THE COMMISSIONER: Yes, but he doesn't say
he was there in '84.

MR. HUGHES: That's correct, I'm reading
5 from page 12168 of the transcript.

THE COMMISSIONER: Go ahead, Mr. Armstrong,
I'm sorry.

MR. ARMSTRONG:

10 Q. Okay. Now, just looking at Mr.
Brownell on your chart, his address is shown as Downsview,
which would be up in the northwest quadrant of Metro.

And then some of these other witnesses as I
recall came from fair distances, for example, Chris
15 Maksimovich came from 24 Midpines Road, Scarborough, and
his brother is also, of course, from Scarborough, and then
Marshall is from Brampton, Morassutti is from Islington,
and Oldfield is from North York.

Your practice, of course, is in downtown
20 Toronto.

Again, was it --- did it not seem unusual to
you that somebody, for example, is coming from as far away
as Scarborough or Brampton to see you as a general
practitioner in downtown Toronto?

25 A. No. There's nothing unusual about

that. I have families that come all the way from
Woodbridge.

MR. ARMSTRONG: Those are all the questions
I have.

5 THE COMMISSIONER: Thank you.

Mr. Hughes?

MR. HUGHES: Thank you, Mr. Commissioner.
I just have a few questions for the witness.

10 --- EXAMINATION BY MR. HUGHES:

Q. I believe that you mentioned in your
examination by Mr. Armstrong that you had some 15,000
charts in your practice at the present time, is that
15 right?

A. That is correct, sir.

Q. And does that mean that there are
15,000 patients who are represented by those charts?

A. That is correct, sir.

20 Q. And to put some type of perspective on
it, the prescription and/or administering of anabolic
steroids, does that comprise a major, minor or moderate
amount of that practice?

A. That would be a minor part of that
25 practice, sir.

Q. And when you say minor, would it be, for instance, less than ten percent, measured by the treatment that you give to these 15,000 patients on a regular basis?

5 A. That is correct, it would be less than ten percent.

Q. We spoke a little bit earlier as well about the clinical uses of some of these anabolic steroids and androgen products. And I believe that you told Mr. Armstrong that you reviewed a pamphlet or an insert that came with the package of Deca-Durabolin, and indeed, it was your practice to give this pamphlet to your patients who were being prescribed that drug.

Is that right?

15 A. That is correct, sir.

Q. All right. If I produce to you -- do you have it in front of you?

A. I think I may have a copy.

Q. Yes, that's fine.

20 A. Yes, I do have a copy.

Q. This is a single page ---

THE COMMISSIONER: Did every patient get one of these that was given Deca, did you say?

THE WITNESS: That's right, sir. That is correct.

25

MR. HUGHES:

Q. And this, do you recognize this as the insert that came with the packages of Deca-Durabolin that you obtained from Organon Canada Limited?

5 A. That is correct, sir.

MR. HUGHES: Perhaps we could mark that as an exhibit?

THE REGISTRAR: It will be 280, Commissioner.

10 THE COMMISSIONER: Thank you.

--- EXHIBIT NO. 280: Insert from Deca-Durabolin package.

15 MR. HUGHES:

Q. And Dr. Artinian, can I refer you to the paragraph under Indications and Clinical Use, first of all. And I'd like to read this for the record and then ask you a question about it.

20 "INDICATIONS AND CLINICAL USE.

As adjunctive therapy in senile and postmenopausal osteoporosis, ..."

-- did you mention osteoporosis as one of the conditions that you treat with this?

25 THE COMMISSIONER: Yes, he did.

THE WITNESS: Yes, I did.

MR. HUGHES:

Q. "...Anabolic steroids are without value
as primary therapy but may be of value in
5 adjunctive therapy. Equal or greater
consideration should be given to diet,
calcium balance, physiotherapy and good
general health-promoting measures. In
pituitary dwarfism anabolic agents may be
10 used with care until growth hormone is more
available".

In your practice and in your experience, do
you agree with that?

15 A. Yes, I do.

Q. The second paragraph:

"This product is also useful in the
treatment of those conditions in which a
potent tissue-building or protein-sparing
20 action is desired."

Is that the protein sparing use that you
were discussing with Mr. Armstrong?

A. Yes.

Q. "Its principal uses are to induce
25 weight gain and well-being by virtue of its

anabolic action. Such therapy is most effective when combined with a good dietary regimen. Anabolic effects have been demonstrated in chronic disease and convalescence, debility states, inoperable mammary carcinoma, corticoid-induced catabolic states, myopathies, decubitus ulcers, burns, and as adjuvant therapy of certain types of anaemia (aplastic, sickle cell). It should be used only after diagnosis is established".

Do you agree with those uses as described in that paragraph, sir?

A. Yes.

Q. And are those the uses to which you referred in general and more specifically earlier today when you were answering Mr. Armstrong's questions about the other uses for which you prescribed this particular medication?

A. Yes.

Q. Now, if we can turn to the same document, and I'll refer you to the last section of it which is headed "Selected Bibliography".

And there are listed 15 different articles

or studies on the uses and applications of anabolic agents and anabolic steroids.

And I can go through them if you'd like, Mr. Commissioner.

5 THE COMMISSIONER: The Selected Bibliography?

MR. HUGHES: Yes.

THE COMMISSIONER: Well, no, I see them here.

10 MR. HUGHES:

Q. And can I ask you, Dr. Artinian, if number 6 on the list, which is indicated the author to be Wayjen,

15 "Long-term balance studies on certain anabolic agents. This paper was presented at the symposium on Anabolic Therapy held by the Michigan and Wayne Counties Academies of General Practice, March 21st, 1962, Detroit Michigan."

20 Is that the study to which you referred earlier that you have had reference in your practice and in your studies at the University of Toronto Medical School.

A. That's correct, sir.

25 THE COMMISSIONER: Well, these are all very

old studies, you know, doctor, 1960, 1961, 1962.

MR. HUGHES: Well, if we go on, Mr. Commissioner, to be fair, 1970, 1972, 1972, 1972 ---

5 THE COMMISSIONER: I notice none after 1972.

MR. HUGHES: Well, I'm not sure of the date of this particular -- and I will ask the --- Organon representative if they can help us.

10 THE COMMISSIONER: You can't get these drugs any more, is that what you're saying, Deca-Durabolin?

15 THE WITNESS: Well, I was advised by one pharmacist that he had contacted on a number of occasions the company and he was told they are out of stock, and this particular pharmacist was drawing the analogy between Bendectin, when Bendectin was involved in some kind of an illegal or some kind of a hearing at that time, he was saying the same sort of thing happened with the drug, like it all of a sudden was not as readily available as it used to be.

20 THE COMMISSIONER: I'm sorry, go ahead, Mr. Hughes.

MR. HUGHES: Thank you, Mr. Commissioner.

25 Q. And, Dr. Artinian, are you familiar with any other of these articles which are mentioned in

the Selected Bibliography in the Organon document?

A. I am familiar with most of the articles of ACTA and Endocronologica.

Q. And when you acquired and prescribed
5 Deca-Durabolin, did you assume that the drug company,
Organon, had in composing this pamphlet, relied on the
studies and articles that are indicated in their Selected
Bibliography?

10

15

20

25

A. I definitely did because Organon is a highly reputable drug company with exceptionally good standards and they make a lot of good products.

5 MR. HUGHES: Mr. Commissioner, if I can also refer, although I won't go through them in detail because they are on the record, to Exhibits 157 and 158, which are product monographs or inserts.

THE COMMISSIONER: For Winstrol? Are those for Winstrol?

10 MR. HUGHES: No, sir.

THE COMMISSIONER: No.

MR. HUGHES: In respect of Testosterone Propionate injection.

THE COMMISSIONER: Yes.

15 MR. HUGHES: Testosterone Enthanate injection.

THE COMMISSIONER: Thank you.

MR. HUGHES:

20 Q. Let me simply ask you, Dr. Artinian, whether you recognize those as inserts for those two types of androgens, I believe, which you may have acquired?

A. That's correct, sir. These are the product monographs and inserts.

25 Q. They set out, do they, Dr. Artinian,

the clinical uses for those particular drugs?

A. Yes, sir, they do.

MR. HUGHES: Mr. Commissioner, I also have Exhibit No. 152, which is a package of Winstrol, it is marked Winstrol, which has on its side a description of the dosage, the usual adult dose and also contains the reference fibrinolytic enhancement.

MR. HUGHES:

Q. Is that one of the uses that you talked about earlier, Dr. Artinian?

A. That's right, it would induce fibrinolysis.

Q. It also says at the end on the side of the package "Product monograph available on request". Do you have such a product monograph in your possession?

A. Well, I don't have it with me at the present.

MR. HUGHES: I have asked for production of the product monograph in respect of Winstrol. I don't have it yet. I am not suggesting Commission counsel has it and didn't give it to me, but I would ask, Mr. Commissioner, that if that product monograph is available --

THE COMMISSIONER: For Winstrol?

MR. HUGHES: For Winstrol -- through the Commission that it might be filed as an exhibit.

THE COMMISSIONER: Well, I don't know whether we have seen it or not. Mr. Armstrong, do you have the pamphlet with Winstrol?

MR. HUGHES: What I have got --

MR. ARMSTRONG: As Mr. Hughes said that, I was surprised to see we didn't have it.

THE COMMISSIONER: What have you got there?

MR. HUGHES: What I have got, Mr. Commissioner, is a product monograph for Winstrol-V, which is the veterinary steroid, and I wasn't proposing to discuss its prescription to cats and dogs today, but I don't have the product monograph for Winstrol.

THE COMMISSIONER: We will find it.

MR. ARMSTRONG: We can get it.

THE COMMISSIONER: We will get it.

MR. HUGHES:

Q. I take it, Dr. Artinian, that you have never in your practice ever obtained from a drug company a veterinary product, have you?

A. No, sir.

Q. If I can refer, while we are on the subject of drug company products, to the booklet that Mr.

Armstrong put to you this morning. Do you have that you?

A. No, sir.

THE COMMISSIONER: For the sale?

THE WITNESS: Yes, I think, yes, it is here.

5 MR. HUGHES: And Mr. Armstrong referred
Dr. Artinian in tab A to the total number of tablets
purchased over the period 1981 to 1988 as 256,700.

THE COMMISSIONER: Well, most of that is
'84 to '88. There is only six -- \$7,000 prior to '84 that
10 we have got here.

MR. HUGHES: Well, Mr. Commissioner, I
don't quite understand that. I am looking at the tab, the
first page in tab A which has totals per year of tablets
and sets out a fairly consistent pattern in terms of the
15 number of tablets purchased from 1983 through 1988. And I
am talking about the numbers, not the dollars, unless
these -- unless Mr. Armstrong's compilation is incorrect.

THE COMMISSIONER: Go ahead.

20 MR. HUGHES:
Q. Can you tell me, Dr. Artinian, do
these -- I am sorry, I don't mean to take your copy,
that's what I am referring to --

THE COMMISSIONER: Well, let's look at here
25 '84, Organon \$56,000.00; '85 from Stickley, I think the

safer route is at tab B, Mr. Hughes, that breaks it down.

MR. HUGHES: It breaks down the dollar amounts, sir, yes.

THE COMMISSIONER: Yes.

5 MR. HUGHES: So, I admit that I am a bit confused myself about the number of tablets on the summary page that was prepared.

MR. HUGHES:

10 Q. But nevertheless that's not -- the point of my question is, Dr. Artinian, we list or it is summarized and it was put to you in terms of individual tablets. In your experience, are these purchases made by individual tablets?

15 A. No, sir. It is made by bottles that contain a fair amount of tablets.

THE COMMISSIONER: When you gave these to your patients, would you give them a whole bottle or would you give them part of the bottle?

20 THE WITNES: It depends for how long they had to use them.

THE COMMISSIONER: That shows you the total number of tablets, Mr. Hughes.

MR. HUGHES: Yes, it does, sir.

25 THE COMMISSIONER: If you look over here,

for example, E, you would have -- it shows you how many tablets are in each bottle, you see.

MR. HUGHES: Yes, sir, it does.

THE COMMISSIONER: 100 by 10 millilitres,
5 those are all the numbers, 50 tablets, 50 tablets.

MR. HUGHES: That's exactly the point I was making, sir.

THE COMMISSIONER: So 470 tablets, 810
tablets, 1,000 tablets.

10

MR. HUGHES:

Q. What I was asking Dr. Artinian about is the quantity of tablets that are contained in each unit of purchase. And I believe he's told us that it -- in tablet
15 form there may be -- how many tablets in a unit purchased, Dr. Artinian?

A. Well, usually, Mr. Hughes, it is 100 tablets in a bottle.

Q. Thank you. Can you tell me, Dr.
20 Artinian, with respect to the dosages of, for instance, Maxibolin, how many tablets would you prescribe for someone who you had on a Maxibolin regime?

A. The dosage would vary. One would not prescribe a little old lady the same amount as one would
25 prescribe a huge man. It depends on the size, but the

usual dosage is up to eight tablets per day of Maxibolin.

Q. For what period of time?

A. Two, two-and-a-half months.

Q. So, eight tablets per day for two to
5 three months?

THE COMMISSIONER: How many milligrams are
those?

THE WITNESS: They are two-milligram
tablets.

10 THE COMMISSIONER: Two-milligram tablets.

MR. HUGHES:

Q. How about Winstrol?

A. Winstrol is usually three times a day.
15 However, if one is to use Winstrol for its fibrinolytic
effect to induce fibrinolysis, it is usually up to five a
day.

THE COMMISSIONER: For how long? How many
milligrams? They are 5 milligrams those Winstrol bottles,
20 aren't they?

THE WITNESS: It is, I believe, sir, two
milligrams.

THE COMMISSIONER: You take 10 milligrams a
day of Winstrol?

25 THE WITNESS: Yes, to enhance its

fibrinolytic effect.

THE COMMISSIONER: You take 10 milligrams a day of Winstrol?

THE WITNESS: Yes, sir, for fibrinolysis.

5 THE COMMISSIONER: For how long?

THE WITNESS: Well, for fibrinolysis or to induce anti-thrombin activity, one would have to take it for a six-month period.

10 THE COMMISSIONER: Ten milligrams a day, seven days a week?

THE WITNESS: That's right, sir.

THE COMMISSIONER: For six months?

THE WITNESS: To prevent recurrent thrombosis, to prevent recurrent blood clots.

15 THE COMMISSIONER: Blood clots?

THE WITNESS: That's right, sir.

THE COMMISSIONER: I am sorry, I don't mean to interrupt. That's another use for it, is it, blood clots?

20 THE WITNESS: That is true, Mr. Commissioner, its a fibrinolytic effect.

THE COMMISSIONER: What ailment is that to address to?

25 THE WITNESS: Well, for recurrent venous or arterial thrombosis.

THE COMMISSIONER: Thank you.

MR. HUGHES:

Q. Dr. Artinian, although we don't have it
5 here, I take it that the inserts that come with the
packages of these drugs would set out the recommended
dosages, would they?

A. That's right, sir. And also they would
be contained in the Compendium of Pharmaceutical -- of
10 Pharmaceuticals.

Q. What about Halotestin?

A. The usual dosage of Halotestin is up to
four a day.

Q. Are those tablets?

A. Yes, sir.

Q. What about the dosage of Metandren, the
15 linquets?

A. Up to four a day.

THE COMMISSIONER: Again for six months?

THE WITNESS: Well, it depends what you are
20 you using for, Mr. Commissioner.

THE COMMISSIONER: Thank you.

MR. HUGHES:

Q. And Dr. Artinian, if we could refer as
25

the Commissioner has earlier to tab G of this book, I am not sure whether that is tab F --

THE COMMISSIONER: I think are you right.

MR. HUGHES: -- in your book, sir.

5 Actually I am referring to tab E in my book. I have no idea what that is in yours.

THE COMMISSIONER: What's the start?

MR. HUGHES: It is headed Organon Canada Limited.

10 THE COMMISSIONER: Thank you.

MR. HUGHES:

Q. Do you have that Dr. Artinian?

A. Yes, sir.

15 THE COMMISSIONER: Is that the Deca?

MR. HUGHES: Yes, sir.

MR. HUGHES:

20 Q. Dr. Artinian, it sets out that there were -- I think it is fair to summarize and it has been earlier -- reasonably significant purchases of Deca-Durabolin in 1984 and 1985, much lesser purchases in subsequent years, particular '86, '87. And then there was a beginning of purchases again of Durabolin which I will
25 refer to in a moment.

Can you tell me, sir, were the units that you purchased in 1984 and 1985 prescribed in those years? In other words, does the prescription of those drugs coincide with the purchases for a particular period?

5 A. No, sir, not all of it.

Q. Could you tell me a bit about why that would be?

A. Well, at the time I had an agreement with Organon that if I were to purchase at least 100 vials
10 per month the price would be very reasonable and low. So, as a result of that, I made a fair amount of purchases and some of it I kept it for future years.

Q. So, some of the quantities purchased in 1984 and 1985, were they prescribed then in later years,
15 Dr. Artinian?

A. That's right, sir.

Q. And can you also tell me whether the numbers that are reflected in these -- in this booklet also take into account the thefts that you said you have
20 had from your office?

A. That is correct, sir.

Q. That is correct, what, they do not?

A. No, they do -- in other words, the thefts, one would have to subtract from these the thefts
25 in order to come up with the total of the drugs that I

used.

MR. HUGHES: Thank you.

THE COMMISSIONER: Any other questions?

MR. HUGHES: Yes, sir.

THE COMMISSIONER: Mr. Steinecke?

MR. HUGHES: No, I still have some questions. I was just returning Mr. Armstrong's book.

THE COMMISSIONER: I am sorry. Okay, Go ahead.

MR. HUGHES:

Q. There's been some discussion this morning and this afternoon, Dr. Artinian, about the College Notices, and particularly the College of Physicians and Surgeons of Ontario, Issue No. 6, June 1983, which I believe is Exhibit 186 in this proceeding. Do you have that in front of you, sir?

A. Yes, sir.

Q. To complete the record and to clarify the questions that I am going to ask you about this, can we turn to the second page which is headed "Use Of Anabolic Steroids By Athletes".

"Anabolic steroids are frequently used by athletes despite the ban of various sports organization. Controversy surrounds the

interpretation of clinical trials, but there appears to be little evidence that they enhance endurance, speed or cardiovascular fitness. Physicians who prescribe anabolic steroids must warn their patients of side effects and carefully monitor the patients as long as these compounds are being taken."

Did you do those things?

A. Yes, sir.

THE COMMISSIONER: You monitored them all the time, did you?

THE WITNESS: Yes.

MR. HUGHES:

Q. "Even though the newer synthetics have a lower androgenic effect ..." I probably have said that wrong, I am sorry, sir.

"... they may cause premature and irreversible epiphyseal closure in young persons. The masculinizing effects are particularly striking in young women." And I always have trouble with this word "Prepubertal female athletes are at greatest risk."

Sir, did you prescribe -- Doctor, did you prescribe this medication to young persons or to young female athletes?

A. No, Mr. Hughes, I did not.

5 Q. "All oral forms of anabolic steroids contain a chemical group that is associated with some degree of hepatic toxicity in a large proportion of those who use them. These side effects have only been described
10 in patients taking oral agents and have not been reported where injectable forms were used."

Can you tell us, sir, whether you took account of that statement by the College in your
15 prescription and administration of these steroids?

A. Yes, sir, I did. And as I mentioned earlier, about cholestatic hepatitis, et cetera, liver disorders.

Q. And finally:

20 "In men, anabolic steroids may cause testicular dysfunction which is reversible on withdrawal of the agent."

Did you advise those men to whom you were prescribing and administering anabolic steroids of that
25 reversible side effect?

A. Yes, sir. It was my policy to do so.

Q. And Dr. Artinian, without dealing specifically with each of the witnesses who gave evidence here before the Inquiry, and Mr. Armstrong has done that at some length earlier today, can you summarize for us what your normal procedure is when you first see a person who is --

THE COMMISSIONER: Is that relevant? I think we have the evidence of the individuals who gave evidence as to what transpired.

MR. HUGHES: Well --

THE COMMISSIONER: The Doctor doesn't agree, but we have their evidence. What is his normal practice is not very helpful.

MR. HUGHES: It will be, sir, because I will tie it in to the practice with respect to each of these individuals.

THE COMMISSIONER: It depends what they are coming for, Mr. Hughes.

MR. HUGHES: Well, sir, Mr. Commissioner, I am going to relate it to the evidence that's given. If you like, I will put it in a more specific context. All I am interested in is that Dr. Artinian has an opportunity to tell you what his procedure is and it may contradict what those witnesses have said. But, I

will tie it to their --

THE COMMISSIONER: I think the relevancy is what transpired with each particular patient.

MR. HUGHES: I agree, sir.

5 THE COMMISSIONER: The normal practice may or may not have been followed.

MR. HUGHES: I am going to ask him about that, sir.

THE COMMISSIONER: All right.

10

MR. HUGHES:

Q. Can you tell me, Dr. Artinian, what your normal practice is --

15

THE COMMISSIONER: It is disclosed in his notes. He asked these questions about hepatitis and abdominal pain and takes the blood pressure and weight.

MR. HUGHES: And asking about rheumatic heart disease, hypertension, hepatitis, mumps, aggressive behaviour.

20

THE COMMISSIONER: It is repeated in every one of these files that I have seen.

MR. HUGHES: All right, sir. Then I will shorten it then.

25

MR. HUGHES:

Q. The Commissioner and I have discussed some of the items that you would have investigated and examined these particular people about that are disclosed in your notes. Is that what you did in those cases?

A. That is correct, sir.

Q. Do your notes to the extent they reflect that are those notes accurate in respect of each of these individuals who have given their evidence before this Inquiry?

A. That is correct, sir. And as far as when I write testicles normal, what one is ordinarily looking for, with the use of anabolic steroids, is testicular atrophy or testicular shrinkage. And this is a sign that can be appreciated visually when a patient's pants and underwear are down.

Q. What about some of these other effects that your notes indicate that you checked for prior to each injection? What about icterus, which I believe is a jaundice condition.

A. That's right, that is a yellow discoloration in the eyes and that again can be appreciated visually. All you have to do is just look at the patient.

Q. What about checking abdomen? How would

you do that?

A. You would have to poke the abdomen.

Q. And what about checking for swelling in the feet and eyes? How would you do that?

5 A. You would have to apply a small amount of pressure in the pretibial or ankle area and see if you can make an impression.

Q. What about listening for heart sounds?

A. You would listen with a stethoscope.

10 Q. Same for chest?

A. That's correct, sir.

Q. What about weight and blood pressure?
How would that be handled?

A. That would be taken by my assistant.

15 Q. Did you ask these people, sir, whether they had any complaints if they had been administered this, one of these anabolic agents for a period of time?

A. Yes, sir. It was my policy to do so, to ask them if they had any complaints.

20 MR. HUGHES: Those are all my questions, sir, thank you.

THE COMMISSIONER: Thank you. Mr. Steinecke?

MR. STEINECKE: Thank you.

25 THE COMMISSIONER: You are very limited,

Mr. Steinecke, you know that.

--- EXAMINATION BY MR. STEINECKE:

5 Q. Doctor, I represent the College of
Physicians and Surgeons. You said this morning that you
only had to keep the records for six months?

THE COMMISSIONER: Six years?

THE WITNESS: Six years.

10 MR. STEINECKE:

Q. Six years?

A. That's right.

15 Q. But isn't the rule that you have to
keep the records for six years since the last patient
visit? Isn't that the rule?

Let me show you the rule, maybe that will
help you. I am referring to the Medicine Regulations
under the Health Disciplines Act, 29.2. I have underlined
in red the part.

20 A. I thought it was for a period of six
years.

Q. So, when you threw out those records,
you were breaking that rule?

25 THE COMMISSIONER: That's for somebody else
to decide.

MR. STEINECKE:

Q. You referred to this morning to the Goodman and Gillman textbook?

A. That's correct, sir.

5 Q. And that's a leading textbook on the therapeutic effects of pharmaceuticals?

A. It is one of the textbooks.

Q. It is one of the leading textbooks, too, isn't it?

10 A. So, is Girdwood.

Q. But you referred to it this morning?

A. That's right, I did.

Q. You probably used it when you studied at the University of Toronto?

15 A. Yes, sir.

Q. It is an authoratative textbook, isn't it?

A. To some extent.

Q. All right. I would like you to --

20 A. It is definitely not infallible.

Q. You consider it authoratative?

A. That's correct.

Q. All right. I wonder if you can take this textbook and find the section that deals with anabolic steroids, I will help you here, if you turn to

25

Chapter 62, page 1448.

A. Just give me a bit of time here.

Chapter?

Q. Sixty-two, page 1448.

5 A. Which edition is this, by the way?

Q. It is the sixth edition, the 1980

edition that would be applicable during the period of time
that you were seeing these patients. Do you see that
Chapter?

10 A. That's right, sir.

Q. That's the Chapter that deals with
androgens and anabolic steroids?

A. That's fine.

15 Q. Perhaps if you turn to page 1459. Do
you have that page?

A. That's right.

Q. At the bottom of that page you see the
heading Therapeutic Uses?

A. That's correct.

20 Q. Can you find for me in that section any
reference to using anabolic steroids for blood clots?

A. Well, I think we just read that
indication from the bottle of Winstrol just about 10
minutes ago. And I really don't see why I should be
25 finding it in this book.

Q. First of all, that document wasn't introduced. Secondly, I am asking you is this --

A. Well, Mr. Hughes read that off the Winstrol tablet bottle, fibrinolytic effect. If you wish to see it, please go ahead.

THE COMMISSIONER: Show him again, Mr. Steinecke. Is that what you read?

MR. HUGHES: I am happy to show Mr. Steinecke the exhibit.

THE COMMISSIONER: What does it say again?

MR. HUGHES: It is Exhibit 152, and it makes a reference to fibrinolytic enhancement, up to 10 milligrams daily in divided doses. "Product monograph available on request."

THE COMMISSIONER: Is that to avoid blood clots?

THE WITNESS: Five tablets a day, up to 10 milligrams a day.

THE COMMISSIONER: For blood clots? Go ahead, Mr. Steinecke.

MR. STEINECKE:

Q. My question is is that indication listed in this section at all?

A. Well, it may or it may not be. We are

going to have to look for it.

Q. It is only a page.

MR. HUGHES: Well, I take it, then --

THE WITNESS: I am going to have to read
5 this.

MR. HUGHES: -- Mr. Steinecke, if you are
going to go through this, just pick out one particular
textbook and ask him whether it is in there, I take it you
have them all and we are going to go through them all?

10 THE COMMISSIONER: You know better than
that, Mr. Hughes. This is the textbook that Dr. Artinian
referred to himself as what he studied.

MR. HUGHES: It was one of several, sir.

15 THE COMMISSIONER: All right, but he
referred to this one himself. This is a leading textbook
apparently.

MR. HUGHES: I have no objection, sir, but
I don't want the record to suggest that all of the
references that Dr. Artinian made to --

20 THE COMMISSIONER: So far I have heard a
great deal of evidence on the clinical aspects of --
clinical uses of these drugs, including our own private --
our medical advisory committee. You know that, I was
telling about that.

25 MR. HUGHES: I appreciate that, sir, you

mentioned that to me.

THE COMMISSIONER: Go ahead.

MR. HUGHES: What I object to is --

THE COMMISSIONER: Find out if it is in

5 this book. There may be other books, and let's get on with it.

MR. STEINECKE:

10 Q. All right. If you will see there is headings for the different types of indications. Can you find any reference to any heading or any portion of this that would cover that indication?

15 A. It is going to take me awhile to read all of this, but just looking at the headings -- you want me to just look at the headings, the headings don't mention it in this particular book.

20 But there are some headings, for example, the use in aging men, promotion of anabolism. I would have to read all of that, but the headings don't mention it, you are correct.

Q. All right. Well, let's look a little more closely at the promotion of anabolism. Do you see that?

A. That's right.

25 Q. Is that the matter that you were

discussing this morning that dealt with post-infection syndromes, and Beckett's disease, and chronic hives? Is that the effect you are looking for?

5 A. Well, I would have to read this in order to answer that. That is correct.

Q. All right. In that section doesn't it say that these effects, the anabolic effect:

10 "... is intimately related to the intake of protein and calories, and, depending upon the conditions, a small increase in either one of these may have a greater effect than the administration of the anabolic agent."

A. It does.

15 Q. Would you agree with that sentence?

A. Not entirely.

Q. All right. Does it also say:

20 "While few would disagree that these agents are anabolic and may induce shortterm effects, it seems unlikely that their use has altered or shortened the recovery from, the underlying illness."

Do you degree with that sentence?

25 A. I would agree that the effects that they cause are short term.

Q. Well, do you agree that's unlikely their use has altered the outcome of or shortened the recovery from the underlying illness? Do you agree with that part of it?

5 A. No, I don't agree with that because my clinical experience tells me otherwise.

Q. And the next sentence says:

"However they promote a feeling
of well-being and improve appetite, and
10 their use in terminal diseases cannot be
criticized."

A. That's right, it says that.

Q. Were you using these on terminally-ill
patients?

15 A. No, I was not.

Q. Now, this morning you did talk about a
number of side effects that anabolic steroids have.

A. That's correct.

Q. Like acne, and food retention,
20 aggressiveness, liver, possible liver damage, effects on
cholesterol, and the cardiovascular system. Do you
remember that?

A. Uh-huh.

Q. Those are of concern to you even though
25 some of them may not be scientifically proven or without

controversy?

A. That's true.

Q. So, in your practice you make a point of examining and assessing all of your patients?

5 A. That's correct.

Q. And monitoring their use of the drug?

A. That's correct.

Q. And warning them of the risks and side effects?

10 A. That's correct.

Q. All right. Well, do you recall the evidence of Richard Lococo? He was one of the patients that testified. Do you remember him?

A. I remember him, but I don't remember his whole evidence.

Q. Well, do you remember when he said then on his first visit there was no history, no physical, no samples were taken, and there was no discussion of the risks. Do you remember him saying that?

20 A. That's correct, I remember saying that.

Q. In fact, he said that was done on none of his visits?

A. I am not sure whether I -- I don't remember that part of it.

25 Q. All right. Maybe I can help you a bit.

Volume 72, page 12184.

A. I think, if I may point out, this book is 1980.

Q. That's what I told you, but I am on
5 another area now, Doctor. Do you see this?

A. Well, surely, there must have been other books after this, 1983-1984?

Q. Doctor, I am on another area, please.

A. I am sorry.

10 Q. I told you all that. All right. Now, do you see the evidence here on page 12184?

THE COMMISSIONER: Read it to him. Just read it to him.

15 MR. STEINECKE:

Q. All right. This is my examination of Mr. Lococo.

"... You explained what happened or didn't happen on the first visit. Just to clarify,
20 on the subsequent visits when you returned afterwards, in any of those visits did Dr. Dr. Artinian discuss the risks and side effects?

A. Not to my knowledge.

25 Q. Did he do a physical examination on

you?

A. No.

Q. Did he take a history from you?

A. No.

Q. Did he do lab tests?

A. No."

Do you recall that evidence now?

A. That's right, I recall.

Q. So, you would agree with me that the
evidence of Richard Lococo would be in absolute
contradiction to your approach to these patients that you
are telling us about today?

A. I would agree.

Q. And would you agree that -- remember Christian Maksimovich?

A. Yes, I do, I remember him.

5 Q. And do you remember that he testified then on his first visit in early 1982 there was no history, no physical examination, no blood or urine samples taken and no discussion of side effects? Do you remember that?

10 A. No, I don't remember that. You would have to show me that.

Q. Volume 72, page 12263.

"Question. During that visit"

--- this was referring to the first visit ---

15 "... did Dr. Artinian ask you any questions about your prior health history?

Answer. No."

"Question. Did he carry out any physical examination of you?

20 Answer. No."

"Question. Did he take any blood pressure?

Answer. No."

Question. Did he weigh you?

Answer. No."

25 A. Well, if I remember correctly, these

things happened in March 1982. And he remembers all that?

THE COMMISSIONER: Well, he remembers ---
he said earlier -- he remembers very little. He said very
little happened. If very little happens, it's easy to
5 remember it.

THE WITNESS: Well, he must have a super
memory.

MR. STEINECKE:

Q. All right, but my point is, he gave
10 very clear evidence on these points, didn't he?

A. He did? Clear evidence?

Q. That's what I'm saying. Well, it isn't
a maybe or I'm not sure. It's a yes or a no. So you
agree that he gave that evidence?

15 A. Well, if you're reading it to me, I
guess he did.

A. And you agree that's an absolute
contradiction to the approach that you're telling --

THE COMMISSIONER: Well, that's quite
20 apparent, Mr. Steinecke.

MR. STEINECKE:

Q. You've mentioned a number of times
today that you have 15,000 patients and this is many years
25 ago, so on the whole you're relying on your records to

figure out what happened on these visits, is that right?

A. That's correct.

A. You don't have specific recall of what happened on each patient on each visit?

5 A. No, obviously not.

Q. So the reliability of your records are important, is that right?

A. True.

10 Q. And you think it's important to keep very accurate records?

A. Yes, I do.

Q. All right.

15 Now, in the evidence that was given by these witnesses, there are a number of points on which they had distinct disagreements with what your records say.

20 For example, Ivan Maksimovich testified that he never smoked cigarettes, whereas in the evidence that was introduced on his examination, it was suggested that the chart stated that he took -- he had one pack of cigarettes a day, he smoked one pack of cigarettes a day, do you remember that?

A. That's right. But at that time he may have told me just that. He said, when he was questioned, now, he said he smokes cannabis.

25 Q. But he said he never smoked cigarettes?

A. That's correct but ---

Q. And you don't smoke cannabis by the pack, do you?

5 A. No, you don't, but when I asked him, he may have told me, I smoke a pack of cigarettes.

Q. But that's not the type of thing that someone would get wrong or make up ---

MR. HUGHES: Well, isn't that argument, Mr. Commissioner, surely?

10 THE COMMISSIONER: Yes, it is. He says he never told that to the doctor because he never took cigarettes.

THE WITNESS: I don't understand, how do you know that's not the type of thing that one ---

15 THE COMMISSIONER: Your evidence is that he did not ---

THE WITNESS: --- would not make up?

20 THE COMMISSIONER: So he did tell you that. He says he didn't tell you that because he didn't take cigarettes ---

MR. STEINECKE: My point is ---

MR. HUGHES: I just don't know what we're doing ---

25 THE COMMISSIONER: It's an argument, Mr. Steinecke. There are many, many fundamental

contradictions between the witnesses that you're referring to now and the doctor's testimony.

MR. STEINECKE:

5 Q. Let's look at it more specifically from a medical point of view. If Ivan Maksimovich also said that he never had a acne problem, whereas your records stated that November 18th, 1983 his chief complaint was acne?

10 A. That's right.

Q. Now, is that the type of thing that a patient is mistaken about, in your experience?

THE COMMISSIONER: Well, that's argument, Mr. Steinecke, really it is.

15 MR. HUGHES: He also said he lied about his age. I mean, if you want to go through each element and argue it ---

20 THE COMMISSIONER: There's, there's fundamental differences of the testimony on very critical areas and the doctor now is giving his evidence as to what he says transpired. And ---

MR. STEINECKE: All right. I'll move on to ---

25 THE COMMISSIONER: You're not going to advance it by arguing with him.

MR. STEINECKE:

A. I want to move on to your approach of prescribing of anabolic steroids. I'm trying to
5 understand your approach from what you told us this morning, and please correct me if I'm wrong, but you're telling us I think that when you deal with each patient, you have try to deal with them professionally?

A. That's correct.

10 Q. And in prescribing drugs, you're only trying to help the patients with medical problems?

A. That's true.

15 Q. And even for the patients with physique problems, you were prescribing anabolic steroids to them in part as, as part of your treatment of their emotional difficulties, isn't that right?

A. Correct.

20 Q. So you weren't just being a supplier of anabolic steroids ---

A. Correct.

Q. --- to -- All right.

25 Because for a healthy patient to want to use anabolic steroids to improve their performance on a football field or in a gym, that's really drug abuse, isn't it?

A. For a healthy person ---

Q. That's right?

A. --- to use anabolic steroids is drug abuse? Well, it might be cheating but I'm not sure what
5 you mean by drug abuse.

Q. If they are otherwise healthy patients and they don't have some emotional difficulty that arises because of poor body image, if they are using it for the purpose of, rightly or wrongly, believing that it will
10 help them on the football field or help them in the gym, that really is nothing more than drug abuse, isn't that right?

A. No, that's not right, Mr. Steinecke. To me drug abuse means somebody taking street drugs, such
15 as cocaine and things like that. That's drug abuse.

Q. So if a person were to abuse Valium that was prescribed by a doctor, that wouldn't be drug abuse?

A. Well, okay, rephrase that. To me drug
20 abuse would be abuse of psychoactive drugs. Drugs that have an effect on the central nervous system, such as you mentioned Valium and I mentioned cocaine. I'm not sure how we get into this steroid as being drug abuse.

Q. If you don't want to, don't accept ---

25 MR. HUGHES: I'm a bit confused, too, Mr.

Commissioner.

THE COMMISSIONER: Well, get to your point,
Mr. Steinecke ---

MR. HUGHES: If it is drug abuse, then the
5 College's policy is condoning it. So I'm just a bit lost
on where Mr. Steinecke's going with his questions.

THE COMMISSIONER: He may be reading more
into that policy statement ---

MR. HUGHES: It seems to be the point of
10 reading it, sir ---

MR. STEINECKE: Well, okay, let's deal with
that statement ---

THE COMMISSIONER: It's whether the doctor,
whether the doctor should prescribe any drug for an
15 otherwise healthy patient who is not taking it for any
purpose related to medicine.

MR. STEINECKE: That's the point I'm trying
to make.

20 Q. And, witness, let's not use the term
drug abuse if that bothers you. But don't you think that
it's wrong for a healthy patient to use anabolic steroid
for no medical reason?

A. For no medical reason?

25 Q. That's right.

A. That's correct.

Q. And so for you, it's important as one of the few people in our society who can prescribe drugs or dispense drugs, it's important that there is a good medical reason for you to prescribe the drug, isn't that right?

A. That's correct.

Q. And it's important for you to screen the patients to make sure that you are in fact hearing the true story?

A. Well, I can only screen to a certain extent. I cannot start investigating them and see if they are actually football players or not, et cetera, et cetera.

Q. But to the best of your ability? I'm not saying you have to hire private investigators, but to the best of your ability you have to screen them; that's part of your duty, isn't it?

A. That's correct.

Q. All right.

Now, there's been evidence at this hearing -- Mark Logan, you remember --- you weren't here but you know that he testified?

A. That's correct.

Q. And have you had a chance to review his

evidence or a summary of it?

A. Not entirely.

Q. Well, let me refresh your memory, then.

Mr. Logan testified that on a second
5 visit -- the first one he came for a diuretic -- he went
into your room and he pretty well told you what he wanted,
that is, Deca-Durabolin. And he asked you for some
recommendations but you were very hesitant as to what he
ought to take and not take.

10 And that he went to your office on repeated
visits and the pattern was the same, basically he ordered
what he wanted and he changed the drug to whatever he
wanted.

And he also testified that he might as well
15 have gone to a pharmacy because there wasn't much
conversation. That was his evidence.

Now, if that was his evidence, that would
not involve your screening and making sure that there was
medical indications for his prescriptions, is that right.

20 MR. HUGHES: Well, if that's his evidence.
You're taking his evidence and you're asking us to presume
it's true.

THE COMMISSIONER: Well, you can put that
evidence, that's what he testified to, to the doctor, and
25 the doctor will say whether what was done or not. That's

all you can do.

MR. HUGHES: Sure. The records will say otherwise. So what?

MR. STEINECKE: I'm coming to the issue of whether it's true or not. I just want to know whether his evidence is consistent with the approach that he's told us.

THE COMMISSIONER: Well, just ask him what he did. We know what the patient said ---

MR. STEINECKE:

Q. Is that, is that the approach you took to this patient?

THE COMMISSIONER: He'll say no.

THE WITNESS: No.

MR. STEINECKE:

Q. Nor should it have been? If that in fact was the approach?

A. Obviously no.

Q. All right. And Duncan Brownell testified that he was receiving Depo-Testosterone injections and then he heard about Metandren tablets and decided to ask you for them and you gave them to him.

Now, is that what happened? Is that a fair

description of what happened?

A. Is that what he testified?

Q. Yes.

A. I don't recall what he testified.

5 Q. I'm not asking you whether you recall
now. I'm asking is that a fair description of what
happened?

A. I don't recall what happened. These
were years ago.

10 MR. HUGHES: You might wish to refer to
your notes, if he wants to do this.

THE COMMISSIONER: That's not what was
recorded on the notes.

15 THE WITNESS: I don't have any notes here,
as far as I know.

MR. HUGHES: In the green binder.

MR. STEINECKE:

20 Q. Do you want to look at your notes or
shall we go to the next patient?

A. No, it's all right.

Q. Richard Lococo testified that on the
first visit you came in and asked what he wanted ---

25 A. I think you already asked me about
Richard Lococo.

THE COMMISSIONER: You did, yes.

MR. STEINECKE:

5 Q. But at that time I was asking you about
your physical examination and history. Now, I'm talking
about the history.

A. All right, go ahead.

10 Q. You came in and asked what he wanted;
he told you, he got prices, and then you got the drug --
that he got the drug from you. And then he took --- and
that he then took vials home with him a month or two
supply at a time. Right? Now, is that what happened?

15 A. No. No, there's no merit in giving
people that kind of supply and telling them, go ahead, you
know.

Q. Sure, that's not good medicine?

A. It's not even good business. Why would
anybody do that?.

20 THE COMMISSIONER: What do you mean good
business? Because they don't come back for injections.
But you weren't -- oh, I see, you're charging the patient
for the injection, weren't you, I forgot that.

25 THE WITNESS: Yeah, but I mean, what value
is there to say to a patient, Here, take the whole bag and
package and just go. What am I going to gain out of that?

Why would I do that?

MR. STEINECKE:

Q. All right. Thank you.

5 A. You're welcome.

Q. Ivan Maksimovich testified that his decision, that he decided which anabolic steroid that he would take and would he would base that decision on financial considerations, basically which one he could afford.

10

Is that what happened?

A. No, that's not what happened.

Q. I suggest to you that there is two plausible explanations for this difference between ---

15

THE COMMISSIONER: Oh, please, Mr. Steinecke, that's not proper to put to a witness. Don't do that.

MR. STEINECKE: I'm just trying to put to him the only two plausible ---

20

THE COMMISSIONER: You know, you do that in argument. That's not a proper question to put to a witness. You can do it in argument. That's argumentative. There may be one or two or no explanations.

25

MR. STEINECKE:

Q. Were you suggesting this morning that the 1983 bulletin said it was ethical for a physician to prescribe anabolic steroids to otherwise healthy patients? Was that what you were saying this morning?

A. Well, that's the way I interpreted it.

Q. But you agree with me that nowhere in that, nowhere in that notice is it suggesting that it's ethical to do that?

A. Well, it says, the notice starts saying, Anabolic steroids are frequently used by athletes despite the bans of various sports organizations. I mean ---

Q. Does that sentence encourage, promote or condone that, that fact?

A. But one would think that if it was unethical they would say so. I mean, there is a lot of here bulletins that specifically -- there is a lot of other information in this particular bulletin, and it specifically says it's unethical to do this, it's unethical to do that, and why is in this case is it not spelling it out, then?

Q. The College notices cover a lot of areas and not all of which deal with ethics. They sometimes warn physicians about new trends or new risks or

new problems, isn't that right?

A. Well, yes, that's correct but ---

Q. All right ---

THE COMMISSIONER: He's dealing with the
5 one bulletin, Mr. Steinecke.

MR. STEINECKE: All right.

THE COMMISSIONER: And he's given you his
interpretation of it. Or as he understood it.

10 MR. STEINECKE:

Q. And the bulletin then goes to say that
the anabolic steroids are of very little use to athletes
to enhance their endurance, speed, or cardiovascular
fitness. Right?

15 A. That's true. That's what I said
earlier.

Q. That doesn't promote -- that doesn't
encourage the prescription of anabolic steroids, does it?

A. Well, for that reason, and as I said
20 earlier, anabolics, there isn't a shred of evidence that
they enhance athletic performance.

Q. That's right. So that statement is not
encouraging the use of anabolic steroids?

A. For that reason. To enhance athletic
25 performance.

Q. Right. The reasons for prescribing steroids are for valid medical indications; right?

MR. HUGHES: Why don't you read the next sentence?

5 THE WITNESS: It doesn't say that.

MR. STEINECKE: That's what I'm asking.

THE COMMISSIONER: Please, Mr. Steinecke, we have the bulletin. We've considered it before. There is no sense in arguing with the witness.

10 MR. STEINECKE:

Q. Now, we've heard evidence that you've purchased a lot of oral anabolic steroids. Right?

A. I did purchase oral ---

15 Q. Sure. And in fact, some of these witnesses got some, isn't that right? Metandren tablets? We just heard that a few minutes ago.

MR. HUGHES: I think "one" was the answer.

20 THE COMMISSIONER: Was there only one witness, Ms. Chown, that got the tablets? I thought there was one ---

MR. HUGHES: It's the only one I was able to find ---

25 MS. CHOWN: There was a reference I believe by Mr. Brownell in the testimony to receive them, but I

was not able to find that recorded in Dr. Artinian's chart.

THE COMMISSIONER: No, that's not the question I asked you. I asked you whether it was any of the witnesses testified they got tablets.

MS. CHOWN: Yes, Mr. Brownell.

MR. STEINECKE:

Q. And in addition, there was a -- Oldfield was recorded in your chart.

THE COMMISSIONER: What was the question, Mr. Steinecke?

MR. STEINECKE:

Q. Right. The question was, you prescribed some oral anabolic steroids to these, these witnesses who testified? And you said one and there is another one who testified.

Right. Now, can I just -- Harrison's Principles of Internal Medicine, have you heard of that before?

A. Yes, I've heard of it.

Q. In fact, that's a book that's used at the University of Toronto where you studied?

A. That is true.

Q. And it's a well recognized textbook?

A. It certainly is. However, it mainly deals with symptoms and, and signs of disease and diagnosis of disease.

5

Q. Sure. And treatment of it?

A. Not necessarily so. It's not a good textbook for treatment.

Q. But it is a recognized textbook?

A. Not for therapeutics ---

10

Q. On, on internal medicine?

A. That's correct. But not for therapeutics.

Q. I wonder if you could turn to page 699 of this.

15

THE COMMISSIONER: What point are we on, Mr. Steinecke?

MR. STEINECKE: This is the use of oral anabolic steroids.

THE COMMISSIONER: Yes, thank you.

20

MR. STEINECKE:

Q. Page 699, "Pharmacologic uses". I You see the -- think the second paragraph there, about two-thirds down, the right-hand column, "Of the current forms". See that sentence, that paragraph?

25

A. That's right.

Q. The first sentence says,

"Of the current forms of androgen abuse, the most pervasive is the use by male athletes in the expectation that muscle development and athletic performance will be improved."

Do you agree with that sentence?

A. Well, I agree with the fact that athletic performance will not be improved but as far as muscle development, there are all sorts of studies that point otherwise.

Q. Is it your belief as a physician that one of the forms of androgen abuse is by male athletes in the expectation, rightly or wrongly, in the expectation that muscle development and athletic performance will be improved?

A. Yes.

Q. And I think you do agree with the next sentence,

"Whether such improvement does result is dubious; if so, ..." ---

A. As I said, whether such performance in athletic performance results is dubious.

Q. Yes.

The next sentence:

"Under no circumstances do putative benefits outweigh the risks associated with the use of oral androgens, a practice that cannot be condemned too harshly."

5 Do you agree with that sentence?

A. No, I don't.

Q. "At present, the only established indications for androgen therapy outside of male hypogonadism are in selected patients with anemia due to bone marrow failure and in patients with hereditary angioneurotic edema or endometriosis."

10

Do you agree with that sentence?

A. Well, partially. But I'm --- if I may point out to you, you're reading a section here that is describing androgens.

15

Q. Yes.

A. Which is just part of anabolic steroids. So you're omitting the rest of the other types of anabolic steroids.

20

You see, anabolic steroids are made of two major classes, androgens and the rest of the things such as Deca-Durabolin. Now, Deca-Durabolin is not classified as an androgen.

25 Q. But Metandren is, isn't it?

A. Yes.

Q. And that's what you gave to at least one of these patients?

A. That's correct.

5 THE COMMISSIONER: It is androgenic, Deca-Durabolin. It's less androgenic than testosterone.

MR. STEINECKE: Thank you, those are my questions.

10 THE COMMISSIONER: Thank you. Any other questions? Mr. Armstrong, any re-examination?

MR. ARMSTRONG: I just have a couple of questions.

THE COMMISSIONER: Thank you. Thanks, Mr. Steinecke.

15 --- EXAMINATION BY MR. ARMSTRONG:

MR. ARMSTRONG:

20 Q. In questions by Mr. Hughes, he drew your attention to the 1984 -- 1983, rather -- College bulletin and in particular, among other things, drew your attention to the language, Physicians who prescribe anabolic steroids must warn their patients of side effects and carefully monitor the patient as long as these
25 compounds are being taken.

He asked you if you monitored your patients and you said that you did.

I take it -- we certainly heard during the course of this inquiry from doctors and others, that the principal way to monitor the patients so far as anabolic
5 steroids are concerned is to have regular blood tests done, I take it?

A. Well, these patients did have blood tests, as the charts show.

10 THE COMMISSIONER: Well, I think only once. They weren't regularly monitored, were they?

THE WITNESS: Well ---

THE COMMISSIONER: You're recommending them to take this stuff for six months?

15 THE WITNESS: Not necessarily six months. On an ongoing basis there may be breaks. But I think a blood test every six months or once a year is sufficient.

THE COMMISSIONER: If they are on this regime that you're giving them? Testosterone, what, three
20 tablets a day, for seven days a week for six months and only one ---

THE WITNESS: I never said six months. I said two or three months.

THE COMMISSIONER: I think you said six
25 months.

THE WITNESS: Mr. Commissioner, if I may make this point, I said six months for Winstrol being used for fibrinolysis in recurrent venous thrombosis. Only under -- in that particular clinical scenario.

5 THE COMMISSIONER: Go ahead, I'm sorry. I'm sorry, I understand now.

MR. ARMSTRONG:

10 Q. I just went through the records quickly and I think I'm right. I just want to bring this to your attention and ask your comment.

15 In the patient Brownell, you see him over a period, the records we have, from January '84 to May of '85. And there is one lab test in March of '84 in your records ---

A. Well, there may have been before that. As you mentioned before ---

THE COMMISSIONER: No, but I think he's talking over that period of time.

20 THE WITNESS: That's correct. That's correct.

MR. ARMSTRONG:

25 Q. And then Logan, you see him, according to your records, August '83 to February '85 and again

there is one lab test for him done in March of '84?

A. Which is entirely normal, and so is Brownell Duncan's.

Q. But wouldn't you be concerned over the whole period of time just to see how the person is doing, if you're carefully monitoring the patient?

A. Well, one can carefully monitor these patients clinically. There is no value in doing blood tests every time they came in.

Q. Well, I thought you suggested a moment ago to the Commissioner that it would be appropriate to monitor them every six months for blood tests --- for example, you want to see what their liver function is?

A. Well, we said every six months to once a year. I never said every week.

Q. All right. Then Chris Maksimovich, March of '82 to July of '82, you see him, and there are no blood tests done at all.

A. Well, he took it for such a short, brief period of time.

Q. All right. Then Ivan Maksimovich, October '83 to March of eighty- -- November '85 -- perhaps --- just a moment, I'll check it -- yes, November '85.

October '83 to November '85 is Ivan

Maksimovich, a two-year period. The only blood tests shown in your chart is May of '84.

And let's just carry on, Marshall is June of '85 to January of '86, there are blood tests only in July of '85.

Morassutti, you see him, on your records, May of '84 to August of '84, there are no blood tests.

And Oldfield ---

A. But excuse me, as far as Morassutti, Morassutti only got injectibles twice.

Q. Yes.

A. The way you're putting it and I'm seeing him from May 29, '84 till August, as if I'm seeing him every week. Well, there is only three visits in the whole chart and only two of them ---

Q. How many injections?

A. Two injections. Twice.

Q. Well, wouldn't you wanted to just take some blood tests and see what effect, if any, the anabolics were having on him?

A. Not after two injectibles. Not after just two, and with those dosages. I mean, I think that would be over-monitoring. That would be highly aggressive monitoring.

Q. All right.

A. These people are going to have frequent blood tests each and every time. There is no real merit in doing blood tests, blood tests every time. You realize blood tests is not the gold standard. It's not an
5 infallible type of modality.

Q. Well, it's not infallible but it's perhaps, if not the only, the most reliable indication of monitoring some of the suspected side effects,
10 principally, for example, decreased or mal liver function (sic).

I mean, you can't determine whether or not liver is being affected in any serious way without, I suggest, doing an appropriate blood test?

A. Yes, but I mean, that doesn't mean you
15 have to do a blood test very, very frequently. You realize sometimes damage doesn't show up right away.

For example, if there was damage in a person's liver today, that doesn't mean right away today if you were to take the blood, it's going to manifest
20 itself and declare itself.

Q. Well, in any ---

A. So what I am proposing is that it is not that fruitful and it's not it's not necessary to check very, very often.

25 Q. All right. Then again, finally,

there's Oldfield who you see over a period of time, a number of visits from July 3, '85 to August 14, '86, and the only blood tests that show up in the chart are blood tests that are done, it looks like, right after the first time.

You see him in July of '85. Actually -- you see him on July the 3rd, '85, you see him again on July 19, '85, and it looks like the blood tests are done on July 19th, '85, which would indicate the second time you see him you had some blood tests done, and then he goes on a course of Deca-Durabolin over the period from July of '85 right through to May of '86, and then you put him on the Metandren in July of '86.

And there doesn't appear to be any monitoring of the anabolic steroids that he has taken. Am I right?

A. Well, there is clinical monitoring.

Q. All right. And by clinical monitoring of course you mean simply by your examining him as a patient in your office?

A. That's correct.

A. That's correct.

Q. Just one other thing, and I am sorry, Mr. Commissioner, I apologize to my friend, I overlooked it at the start, but I did want to ask Dr. Artinian two
5 other questions.

One related to the patient Brownell. On your records, Brownell, the last time you saw him was May of 1985, according to your chart, the last entry is May 30, 1985. And if you have it in front of you, you can
10 check it.

You put in a claim card for Brownell to OHIP on April the 30th, 1988. And here it is here for abdominal pain. Did you see Brownell in April' 88.

THE COMMISSIONER: Is he the gentleman --
15 did he come from the States?

MR. ARMSTRONG: No, there is another one, Logan, who was living in the States and we will get to that.

THE WITNESS: Yes, I must have seen him.

MR. ARMSTRONG:

Q. And then finally there is the patient, Logan, who was living in St. Louis and the last time, according to your own chart, that you saw Logan was in
25 February of 1985. And again we will just check the

precise date, that's February 8, 1985, when you saw him for physique and inadequacy problem.

You charged OHIP for a diagnosis of sexual dysfunction, but, then, again, at a time when Logan was
5 apparently living in St. Louis in the United States you submit an OHIP claim card for him in July of 1988. And I don't know -- what is that writing? Is that lower back pain, low back pain?

A. That's correct.

10 Q. Do you have any explanation for that?

A. It is possible that he may have come back or someone may have come back with the same name, or it could be a clerical error. I don't know.

15 Q. Logan, of course, himself is a chiropractor, did you know that?

A. I knew he was studying for a chiropractor. Does that mean he treats his own back pain?

Q. Well, again --

20 THE COMMISSIONER: All right.

THE WITNESS: That's right, you have the advantage of asking the questions, Mr. Armstrong. You do have that advantage.

THE COMMISSIONER: Well --

25 MR. ARMSTRONG: Those are all the

questions.

THE COMMISSIONER: All right.

MR. HUGHES: I have one question out of what Mr. Armstrong has just raised.

5 THE COMMISSIONER: Yes, Mr. Hughes.

--- EXAMINATION BY MR. HUGHES:

Q. In all of blood test, urinalysis and other lab testing that was done in respect of these
10 patients who gave evidence a couple of weeks ago, was there ever disclosed a liver dysfunction or other serious disorder?

A. None whatsoever, sir.

15 MR. HUGHES: Thank you, those are all my questions.

THE COMMISSIONER: I just have a few questions to clarify some of the evidence.

I notice in almost all of these cases on the OHIP chart the diagnosis is anxiety state or sexual
20 dysfunction, K107, or whatever it is?

THE WITNESS: Not all of them, Mr. Commissioner.

THE COMMISSIONER: Not all of them, most of them. I think most of them are sexual dysfunction and
25 anxiety state. And I was just looking at what Mr. Hughes

produced on Deca-Durabolin. I can't find any suggestion that you would use Deca-Durabolin for either of those remedies, for either of those problems.

You see, for sexual dysfunction it says the adverse reaction is inhibition of testicular function, testicular atrophy, and what's oligospermia?

THE WITNESS: That's reduced sperm count.

THE COMMISSIONER: Reduced sperm count?

THE WITNESS: In other words, Mr.

Commissioner--

THE COMMISSIONER: Also --

THE WITNESS: IF I may answer your question --

THE COMMISSIONER: Just a moment, the other is impotence, chronic priapism. What is that?

THE WITNESS: Priapism?

THE COMMISSIONER: Yes, priapism?

THE WITNESS: That would mean that the person gets a hard on and it just won't go down.

THE COMMISSIONER: We know what gynecomastia is. Why would you give this for a person with sexual dysfunction?

THE WITNESS: Well, because I felt that the sexual dysfunction was associated with his weight problem. I gave the Deca-Durabolin to correct the weight problem

and his physique.

THE COMMISSIONER: But the weight problem, it is adverse to sexual dysfunction, you wouldn't give anybody anabolic steroids?

5 THE WITNESS: Not necessarily, sir. As you just read it, Mr. Commissioner, it also causes priapism, that doesn't mean everybody gets an adverse reaction. In fact, a lot of patients report increased libido, not decreased libido.

10 THE COMMISSIONER: That doesn't --

THE WITNESS: Well, if they are getting chronic priapism and a hard on they must be getting an increase in their sexual function.

15 THE COMMISSIONER: Well, it might be libido may be increased, but not their health. But then it goes on here to say they suppress the gonadotropic functions of the pituitary and may exert a direct effect upon the testes.

20 I can't see anything in here about anxiety state or sexual dysfunction as a recommended use, do you?

THE WITNESS: Well, not in that context.

THE COMMISSIONER: That's why I thought it was being produced. All right. Thank you.

25 Now, I gather that you are not buying any more anabolic steroids, is that what you are saying?

THE WITNESS: No, sir, I am waiting for guidelines from this Inquiry as far as what to do with anabolic steroids, what indications, what side effects.

THE COMMISSIONER: What are you doing with
5 70 percent of the patients who you were treating with these anabolic steroids?

THE WITNESS: Well, if I may go back again to the example of the osteoporosis, instead of using anabolic steroids, I am using calcium medication, and,
10 unfortunately, a lot of people are getting heartburn and gastric irritation. And in some cases, I am using estrogen with which I am not too comfortable with because estrogen has been associated with cancer.

THE COMMISSIONER: You are saying you used
15 all these substantial quantities either for these athletes or for all these various causes that you have told us about?

THE WITNESS: That's right. If we take another example, such as chronic urticaria, no more
20 anabolics are available. So, one would have to use adrenal corticosteroids or cortizone, which I think has more side effects than anabolics.

THE COMMISSIONER: Is it fair to say that you are using anabolic steroids far more than most general
25 practitioners?

THE WITNESS: I would -- that is correct, sir, because I am familiar with them. I am fascinated with them.

THE COMMISSIONER: Have you keep your
5 studies of recent date as to -- most of the recommended uses here are now being discarded, don't you know that? Heard about them before this Inquiry?

THE WITNESS: Well, that I don't know, I have not followed --

10 THE COMMISSIONER: The ones that are here, you haven't mentioned, that I see, chronic disease, convalescence, debility states, inoperable mammary carcinoma, my advice that I have is that it is not used for that purpose any more, it used to be at one time.

15 THE WITNESS: Well --

THE COMMISSIONER: Catabolic states, burns.

THE WITNESS: I have not been watching the Dubin Inquiry as much as I should --

20 THE COMMISSIONER: o, no, you are not going to learn that from the Dubin Inquiry --

THE WITNESS: I realize that --

THE COMMISSIONER: From the literature --

25 THE WITNESS: So, I am not sure what is being discarded and what is not being dicarded. As I said, I am eagerly waiting for any guidelines that might

come out from this Inquiry.

THE COMMISSIONER: In any event, at the moment, I take it then for athletes and non-athletes you are providing alternative remedies now for your patients?

5 THE WITNESS: That's right, Mr.

Commissioner.

THE COMMISSIONER: All right. Well, thank you very much, Dr. Artinian, for your assistance.

THE WITNESS: Thank you, Mr. Commissioner.

10 THE COMMISSIONER: We will take a few minutes. We are going to sit later today.

--- Short recess.

--- Upon resuming.

15

THE COMMISSIONER: Ms. Chown.

MS. CHOWN: Yes, thank you, Mr.

Commissioner.

20

Before I call our next witness, I would propose to file the summaries of the drug purchases that were referred to by Mr. Armstrong and Mr. Hughes during Dr. Artinian's examination.

25

And I am at your disposal, Mr. Commissioner, whether you would like those to be made one exhibit or not.

I can advice you, again I think as has been indicated earlier, that we did provide Mr. Hughes with the actual invoices to support the figures on the summary sheets, and he has reviewed those. But all I intend to file with you is the summary sheets.

THE COMMISSIONER: Thank you.

MS. CHOWN: Mr. Commissioner, just so that's clear for the record, it is the first page is a summary of the totals both by tablet and by millilitre purchased by Dr. Artinian between 1981 and 1988.

THE COMMISSIONER: Thank you.

MS. CHOWN: The second sheet is a compilation of the dollars spent by Dr. Artinian in the same year period from the various drug companies.

THE COMMISSIONER: Thank you.

MS. CHOWN: Following that then is an individual breakdown by company. The first company in the package is CIBA GEIGY, and there is a list of the dates of purchases, the name of the drug purchased, and the quantity.

THE COMMISSIONER: Thank you.

MS. CHOWN: The second drug company is Sterling Drugs. Again one sheet indicating the purchases of Winstrol tablets from that company.

The third sheet is a record of the purchases

from Organon Canada Limited, and we will be calling a representative from Organon.

THE COMMISSIONER: Thank you.

5 MS. CHOWN: Following that, a list of the purchases made from the E.L. Stickley Company.

THE COMMISSIONER: Thank you.

MS. CHOWN: And two additional companies being Taro Pharmaceuticals and Upjohn.

10 THE COMMISSIONER: Thank you. All right. Make those all one exhibit, please.

THE REGISTRAR: 281.

15 --- EXHIBIT NO. 281: Booklet containing the drug purchases by Dr. Artinian.

MS. CHOWN: Mr. Commissioner, I would like to call then as our next witness Mrs. Cain from the Organon company.

20 THE COMMISSIONER: Thank you. Mrs. Cain.

SHIRLEY CAIN: Sworn.

--- EXAMINATION BY MS. CHOWN:

THE COMMISSIONER: All right, Ms. Chown.

MS. CHOWN:

Q. Yes, Mrs. Cain, I understand you are the Customer Services Supervisor with Organon Canada Limited?

5 A. That's correct.

Q. You have held that position for ten years?

A. Yes.

10 Q. I understand prior to that you were with the company in another capacity, and altogether you have been in Organon then for how many years?

A. Twenty-one years.

Q. What are your job duties as Customer Services Supervisor?

15 A. I process the ordering and invoicing of all orders coming in, customer inquiries, complaints, nothing along the technical line, strictly orders and invoicing.

20 Q. Just by way of background before we come to the particular orders, I understand that Organon Canada Limited is a division of a company called AKZO BV, which is a Dutch-based company?

A. That's correct.

25 Q. And your company is a pharmaceutical manufacturer and distributor?

A. That's correct.

Q. And in particular, Mrs. Cain, I understand first of all that Organon Canada Limited does not deal in any veterinary products?

5 A. That's correct.

Q. Are there any particular specialities in pharmaceuticals that your company deals in primarily?

A. We have digestive enzymes, non-polarizing muscle relaxants, anti-inflammatories, anabolics, and anti-migraines.

10 Q. We, of course, are particularly concerned with the anabolics and I am going to ask you some questions about those now.

I understand that Organon, at least up until the end of 1988, sold both injectable anabolic steroids and tablets?

15 A. That's correct.

Q. And dealing with the injectables, there are two kinds of injectable anabolic steroids that your company deals with, and they are Deca-Durabolin and Durabolin?

20 A. That's correct.

Q. You have been kind enough to bring with you today samples of those two injectables. And the first one is a vial of Deca-Durabolin, the strength is 100

25

milligrams per millilitre, and the vial is 2 milliliters?

A. Correct.

THE COMMISSIONER: What was the other drug
you mentioned?

5 MS. CHOWN: Durabolin.

THE COMMISSIONER: Thank you.

MS. CHOWN:

10 Q. That comes in a five-millilitre vial
and the strength is 25 milligrams per millilitre?

A. Correct.

THE COMMISSIONER: Which one is that, the
Durabolin?

MS. CHOWN: Durabolin.

15 THE COMMISSIONER: Thank you.

MS. CHOWN:

Q. Mrs. Cain, do each of these packages
have a package insert in them?

20 A. Yes, they do.

MS. CHOWN: All right. Mr. Commissioner, I
wonder if we might enter each of those vials as an
exhibit.

THE COMMISSIONER: Thank you.

25 MS. CHOWN: I think we have already as an

exhibit the insert from the Deca-Durabolin.

THE COMMISSIONER: We will make it -- what was that number?

5 THE REGISTRAR: It will be 281 as the next number.

THE COMMISSIONER: What was the number of that?

THE REGISTRAR: 280.

10 THE COMMISSIONER: We will make that 280A and 280B then. Thank you.

--- EXHIBIT NO. 280A: Vial of Deca-Durabolin

--- EXHIBIT NO. 280B: Vial of Durabolin.

15

MS. CHOWN:

Q. Without getting too technical, Mrs. Cain, am I correct in understanding that, in a very general way, the difference between Deca-Durabolin and Durabolin is that Deca-Durabolin is a long-acting drug and the Durabolin is a short-acting drug?

20

A. That's correct.

Q. But they are both injectables?

A. Yes.

25

Q. All right. As far as an anabolic

steroid tablets, what was the product that your company sold up until the end of 1988?

A. Maxibolin.

Q. Can you tell me in what strength that tablet came?

A. It is a 2 milligram.

Q. How many per bottle?

A. One hundred, 100 tablets.

Q. And as of the beginning of 1989, I understand that you no longer offer that product for sale?

A. That's correct.

THE COMMISSIONER: What about Deca-Durabolin, is that still for sale?

THE WITNESS: Yes, it is.

MS. CHOWN:

Q. And the Durabolin as well is still available?

A. Yes, it is.

Q. Mrs. Cain, then focussing on that area of anabolic steroids that Organon sells, can I ask you in who, in general terms, your customers are?

THE COMMISSIONER: For Deca? This is for Deca now we are talking about?

MS. CHOWN: Yes, for both the Deca-Durabolin

and the anabolic steroid tablet?

THE WITNESS: Wholesalers, hospitals,
pharmacies, doctors, and government.

5 MS. CHOWN:

Q. And you have mentioned you do sell to
physicians and doctors individually. Is that common? Do
you have a large number of physicians that buy from you
directly?

10 A. Not a large number, no.

Q. Could you give us any estimate of how
many physicians would be customers of yours at the present
time?

A. I would say less than 20.

15 Q. Would that be for all of Canada?

A. Yes.

Q. And if a physician wishes to purchase
anabolics and, in particular, Deca-Durabolin and Maxibolin
tablets in 1988 from your company, did you do any checking
before you would accept such a person as a new account?

20 A. Yes, he's got to be legally registered
in the Canadian Medical Directory. And actually our
accounting and marketing department check out the
legitimacy of his practice.

25 Q. How is that checking out done?

A. Well, marketing would send a representative out to the doctor specifically wanting to open an account with us.

Q. Now, I would like to ask you to turn
5 your attention if I could to the purchases made from your company by Dr. Artinian.

And, Mr. Commissioner, in Exhibit 281 at tab E is a summary of the purchases --

THE COMMISSIONER: Yes, we have already got
10 to it.

MS. CHOWN:

Q. -- from Organon Canada.

And just so we are clear, Mrs. Cain, I
15 understand that you were asked to look in your records back to January of 1984 to list Dr. Artinian's purchases; is that correct?

A. Yes, it is.

Q. Did you have any information as to
20 whether Dr. Artinian was a customer of yours before that date?

A. I believe he was, but I really am not positive. I didn't go beyond 1984.

Q. Am I correct in understanding the
25 totals that are listed at tab E of Exhibit 281 were taken

by you off the invoices for Dr. Artinian's purchases?

A. That's correct.

MS. CHOWN: Mr. Commissioner, just those sheets certainly indicate in 1984 the purchases were of
5 Deca-Durabolin the injectable, and as well Maxibolin tabs, which are the tablets that we have referred to.

MS. CHOWN:

Q. And Mrs. Cain, I don't know if you have
10 that summary in front of you --

A. Yes, I do.

Q. -- but it does indicate a column "no charge Deca" and there is a figure of five vials there. What was Organon's policy with respect to providing extra
15 vials to customers?

A. That has always been a policy of Organon when purchasing a quantity volume. It would depend on how many no-charge vials -- no-charge vials an account would receive.

Q. In this case, there were five no-charge
20 vials for every order of 100 vials?

A. That's correct.

Q. And was there a similar --

THE COMMISSIONER: Each vial is 2
25 millilitres, is that right? Each vial is 2 millilitres?

THE WITNESS: That's correct.

THE COMMISSIONER: All right.

MS. CHOWN:

5 Q. Is there a similar no charge for the tablets, the Maxibolin tablets?

A. No.

10 Q. And if we look through the purchases, 1984 I have indicated the products purchased, those remained the same in 1985, 1986. Now, in 1987 for the first time we see the purchase of Durabolin. That is the other kind of injectable anabolic steroid offered for sale by your company?

A. Right.

15 Q. And in 1988 we see purchases of all four -- I am sorry, all three products, the Deca-Durabolin, the Durabolin, and the Maxibolin tablets?

A. Correct.

20 Q. And there are, as a result of the additions on these sheets both in the dollar figures and number figures, the totals of Dr. Artinian's purchases.

Can I ask you first of all, Mrs. Cain, compared to the other individual physicians who purchased from you, how do these orders compare in quantity?

25 A. High.

Q. Would they be high as well compared to some of your other customers?

A. Yes, they are.

Q. Is there any or are there any steps or
5 monitoring that Organon does with respect to individual accounts, and in this case with respect to the high purchases made by an individual physician?

A. Not really because he is a registered physician and he is allowed to buy because he is a
10 registered physician.

Q. Do your sales representatives take any steps to call on a physician and discuss with that physician what he or she is doing with the product that is purchased?

A. I am really not qualified to answer that; I don't know.
15

Q. But as far as you are aware that is not a company routine?

A. I -- I am not sure of that. I wouldn't want to answer that.
20

Q. You have told us that in the Durabolin and the Deca-Durabolin there is, in fact, a package insert that comes with the product?

A. Yes.

Q. The Maxibolin tabs, do they come in a
25

cardboard box as well as a bottle container?

A. Yes, they do.

Q. Is there a package insert that goes with the tablets?

5 A. No, a file card.

Q. So, when a physician would purchase from your company a bottle or a series of bottles of Maxibolin tablets, there would not be an insert that would go with each vial?

10 A. No.

MS. CHOWN: Mr. Commissioner, those are all the questions I intended to ask Mrs. Cain. There were just two brief areas that I might finish on.

THE COMMISSIONER: All right.

15 MS. CHOWN:

Q. One, Mrs. Cain, as I understand Organon Canada has been interested in putting out information on anabolic steroids to the public, and, in particular, has participated with Football Canada in preparing a video about the use of anabolic steroids in sports?

20 A. Yes, I am aware of that.

MS. CHOWN: Mr. Commissioner, I can advise you that we do have that video available.

25 THE COMMISSIONER: Thank you.

MS. CHOWN:

Q. And as well your company is continually involved in funding clinical research on the clinical uses of your products including, Deca-Durabolin and Durabolin?

5 A. Yes, we are.

Q. I understand that Mr. Robertson, President of your company, has indicated he would be happy to provide us with any documentation that you have in that regard?

10 A. Yes.

Q. And finally, Mrs. Cain, are you aware from time to time that counterfeit product purporting to be Durabolin or Deca-Durabolin turns up on the streets in Canada and the United States?

15 A. Yes, I am.

Q. If I can show you a vial here that has come into our possession, it is two-millilitre vial labeled Deca-Durabolin, Organon Laboratories. I just ask you to look at that and tell me whether you can identify that as being product that is produced by Organon?

20

A. No, it is counterfeit.

Q. How can you tell that by looking at it?

A. Well, that's got -- No. 1, it is Organon Labs in England. It is fireprinted, and none of our vials are fireprinted. They have paper labels.

25

Q. By fireprinted, you simply mean the labelling is --

A. This is fireprinted.

Q. -- applied directly to the glass?

A. That's correct.

MS. CHOWN: Mr. Commissioner, those are all the questions I have for Ms. Cain.

THE COMMISSIONER: Thank you. Mr. Hughes.

MR. HUGHES: Thank you, Mr. Commissioner.

--- EXAMINATION BY MR. HUGHES:

Q. Mrs. Cain, my name is Mr. Hughes, I represent Dr. Artinian. I just have a few questions for you this afternoon.

I take it from what you have told Ms. Chown, you didn't deal directly with Dr. Artinian with respect to any of these purchases; is that right?

A. I spoke to him on the phone on occasional, yes, he gave me the orders.

Q. I see. So, you would take orders --

A. Oh, yes.

Q. -- from Dr. Artinian?

A. Yes.

Q. Did you deal with him in a marketing sense with respect to this product?

A. No, strictly orders.

Q. Can we assume that when you have indicated that your marketing people essentially check out the physicians who are going to be ordering this drug from you that Dr. Artinian was similarly checked out?

A. I understand so, yes.

THE COMMISSIONER: In a sense that he is registered with the College.

THE WITNESS: That is correct.

MR. HUGHES:

Q. Was there something else that your marketing people do besides just checking whether he is registered with the college?

A. Well, our representative calls on them.

THE COMMISSIONER: To sell the product.

MR. HUGHES:

Q. What is the purpose of that call?

THE COMMISSIONER: They are customer accounts and --

THE WITNESS: I find that hard to answer.

MR. HUGHES:

Q. This is before, as I understand it, Mr.

Commissioner, this is before you sell the anabolics?

A. Oh, before would we sell the product to a new account?

Q. Yes?

5 A. Well, just a call to make sure it is really a legitimate account, listed at the legitimate address given to us.

Q. So, we can presume that was done in the case of Dr. Artinian?

10 A. Yes.

Q. And I take it, Mrs. Cain that the record of purchases by Dr. Artinian of the anabolics that we have talked about, they don't -- that doesn't tell you anything about the prescription pattern of those
15 medications, does it?

A. Not to me it doesn't, no.

Q. No. You don't have any knowledge with respect to the timing or quantities of the prescription by Dr. Artinian of these drugs, do you?

20 A. No, I don't.

Q. And would it be you or your marketing people who would have made the arrangements with Dr. Artinian with respect to the pricing of the product?

A. The marketing people.

25 Q. So that you wouldn't have any knowledge

of any particular deal that may have been worked out between Dr. Artinian and your marketing people with respect to minimum quantities of purchase for particular periods?

5 A. No, not really.

Q. And with respect to Exhibit 280, which is the enclosure with the Deca-Durabolin package, do I -- am I correct in my reading of that that you would or your company would review the various authorities that are listed under "Selected Bibliography" in its composition of this document?

A. Well, that's really a question for the scientific department. I really have nothing to do with that.

15 Q. So, you don't know anything about that?

A. No.

Q. And can you tell me lastly, Mrs. Cain, Dr. Artinian's purchases of Durabolin which appear to have commenced in 1987 and then carried through 1988, June of 1988, is Durabolin a weaker form of Deca-Durabolin?

A. It is a short-acting anabolic.

Q. So, it doesn't contain the same strength of the drug in it, does it?

A. As far as I am concerned, no.

25 MR. HUGHES: Thank you, those are my

questions.

THE COMMISSIONER: Any other questions?

MR. HUGHES: Thank you, Mrs. Cain.

THE COMMISSIONER: I just want to ask you,
5 you see those sales coming through all the time?

THE WITNESS: Yes, I do.

THE COMMISSIONER: We know that Dr.
Artinian is a family practitioner in Toronto?

THE WITNESS: Yes, sir.

10 THE COMMISSIONER: Carrying on his own
practice?

THE WITNESS: Yes, sir.

THE COMMISSIONER: A single doctor. In
'84, in one month, he bought \$49,000.00 worth of -- just
15 from your firm alone -- of Deca-Durabolin and a few
Maxibolin tabs.

And in 1985, \$56,000.00 worth, principally
Deca-Durabolin. Wouldn't that raise somebody's eyebrows,
a bit, say, what are all these doctors doing with this
20 particular product?

25

THE WITNESS: Well, not mine because I'm not really -- that's not part of my job.

THE COMMISSIONER: Is there no system in your firm to sit and look back at large volumes of drugs of this nature going to one doctor?

THE WITNESS: Well, again, that would be to do with the marketing, administration department.

THE COMMISSIONER: Are you aware or are there any regulations governing pharmaceutical manufacturers to have some obligation to check into very substantial amounts of sales?

THE WITNESS: No, I'm not aware of it.

THE COMMISSIONER: There's no such regulations?

THE WITNESS: Not to my knowledge, no.

THE COMMISSIONER: I see. But from all your years' experience, that's a lot of drugs, isn't it, for a single doctor?

THE WITNESS: I would -- I think so.

THE COMMISSIONER: But at the moment there are no regulations which impose any obligation on the manufacturer to do some monitoring on its own, as far as you're aware?

THE WITNESS: No, not to my knowledge.

THE COMMISSIONER: All right, thank you

very much for your help, Ms. Cain.

THE WITNESS: Thank you, sir.

THE COMMISSIONER: Ms. Chown?

MS. CHOWN: Yes, Mr. Commissioner, our last
5 witness for today is Mr. Paul Cutler.

THE COMMISSIONER: Thank you very much.

PAUL CUTLER: Sworn.

10 THE COMMISSIONER: Ms. Chown?

MS. CHOWN: Thank you, Mr. Commissioner.

--- EXAMINATION BY MS. CHOWN.

15 Q. Mr. Cutler, I understand that you're a
pharmacist and you obtained your B.Sc. in pharmacy at the
University of Toronto in 1966?

A. That's correct.

20 Q. You did a year of post-graduate work in
pharmacology and followed that by an apprenticeship in a
pharmacy, obtaining your licence in the Province of
Ontario in 1968?

25 A. Yes, it wasn't in pharmacology, it was
an effort to make up some subjects that were required if I
was to go into pharmacology as a Master's programme.

Q. I see. And from 1968 up to and including the present, you have been a practising pharmacist in Toronto?

A. That's correct.

5 Q. I'd like to ask you, if I could, Mr. Cutler, particularly about a time in the mid-1980's when were involved with the Bloor-Christie Pharmacy.

Where is that pharmacy located?

10 A. It was located in the same building that Dr. Artinian practised, 799 Bloor Street West, in Toronto.

Q. And how did you become involved with that pharmacy?

15 A. I established a business on seeing an ad in the paper that they were looking for space to rent, and I checked out the building and instituted a programme to start establishing a business in that building.

Q. And when was that, that you began your pharmacy there?

20 A. In January of 1984, I believe.

Q. And was Dr. Artinian -- did he have his offices in that building at that time?

A. Yes, he was on the third floor.

25 Q. Were there any other pharmacies in the building?

A. No, they are not.

Q. And your pharmacy, I gather, was on the first floor?

5 A. Yes, I was the only pharmacy in the building at the time.

Q. There were other physicians that had their offices in that building?

A. At least one, yes.

10 Q. As a result of you establishing the pharmacy in the building, did you come to meet Dr. Artinian?

A. Yes, I did.

Q. When was that?

15 A. It would have been very early in that situation. Actually, I think I visited his office prior to 1984 to get an idea of what kind of practice he was established in.

Q. And what information did you receive from him about his practice?

20 A. From him, nothing directly. I went into his office and took a look at his patients and I could tell that he had a large practice.

25 Q. Now, in the years that you had worked as a pharmacist up to 1984, before you went into the Bloor-Christie Pharmacy, was it routine practice of yours

to stock anabolic steroids in your pharmacy for dispensing to patients?

5 A. I didn't have a pharmacy of my own all through the time between the time I graduated and the time of 1984, but the pharmacies that I did have, no, I did not stock anabolic steroids.

Q. And how would you describe the frequency of requests for filling of prescriptions of anabolic steroids?

10 THE COMMISSIONER: They didn't have them.

MS. CHOWN: He's saying he didn't keep them in stock. I was simply going to ask him if there were requests made from time to time to have prescriptions filled? If that was a common or infrequent occurrence?

15 THE WITNESS: I would have to say that I really didn't pay much attention. I have no adequate memory. It's possible that I may have received prescriptions from other doctors or from doctors in general, in which case I would have suggested to the patients that I would order it for them and try to get them in stock for them, you know, at the earliest convenience. That's the only recollection I would have under those circumstances.

20 MS. CHOWN:

25 Q. And would that have been a common

occurrence?

A. To the best of my knowledge, I don't recall -- if it did happen, it would have happened less than a dozen times.

5 Q. And coming up to the period of 1984 up through 1988 when you operated the Bloor-Christie Pharmacy, can I ask you first of all whether in 1985 you entered into some arrangement with Dr. Artinian with respect to purchasing steroids?

10 A. Yes, I did.

Q. Can you tell how that came about and what the arrangement was?

15 A. Well, the precise mechanism escapes me for the time being, but I believe that Dr. Artinian approached me with the idea that I should order for him certain products to expedite it for himself. That is to say, I presumed he wanted me to order it in so to save him time and effort to do the ordering himself, checking off the order when it came in, et cetera

20 Q. And when you say certain products, what were the products that he was asking you to order for him?

A. Strictly the injectible form of testosterone.

25 Q. And did you, yourself -- you've said you hadn't seen that anabolic steroid stocked prior to

1984 in the pharmacies you were in -- in 1984 in your Bloor-Christie Pharmacy, did you have any interest in stocking anabolic steroids and, in particular, testosterone?

5 A. No, I did not.

 Q. As a result of this approach made to you by Dr. Artinian, did you enter into an agreement with him?

10 A. Yes, he would tell me at various times what he would require for the next period, he would tell me when he required them by, I would make every effort to make the order and have it delivered as soon as possible to conform to his request.

15 Q. And we have -- let me just take that procedure a little bit more slowly. Who would you place the order with?

20 A. I would call either Stickley or Taro Pharmaceuticals, their order department, and they would bill me, send me the merchandise. I would then make sure the medication was there in the appropriate quantities and then I would bill it to Dr. Artinian, the entire amount.

 Q. Did you then notify Dr. Artinian when the drugs arrived in your pharmacy?

25 A. When the, in this case, the testosterone arrived, I would tell the doctor as soon as I

saw him and he would pick them up at his convenience.

Q. When you say you billed him, did you actually invoice Dr. Artinian for the drug?

A. He received a, a receipt for payment
5 and it indicated office supplies to the amount that the
.... that the office supplies were billed for the amount
that was ordered for him from Stickley or Taro
Pharmaceuticals.

Q. So you would, yourself, pay for the
10 drugs yourself and then you would turn around and bill Dr.
Artinian for them?

A. I would be billed through Drug Trading,
that is correct, and then I would turn around and bill Dr.
Artinian for the same amount.

Q. And Drug Trading is simply a drug
15 wholesale company that handles the billing of purchases
that you have ordered directly through companies?

A. Among other things, that's correct.

Q. And at what price did you charge the
20 drugs to Dr. Artinian?

A. We --- I would check with his suppliers
before ordering it. The doctor would tell me what he
would be willing to pay. If I, in talking to these
companies, the price was commensurate with what the doctor
25 told me, then I would order it and that's the price that

he would be charged.

Q. And once he had paid you, did you then turn over all the product to the doctor?

A. There were certain situations where he would get them before he paid for them, yes, but they were all turned over to him -- well, let's say that they all, they all -- he received them all eventually.

By that I mean there were occasions when he would call me and ask me to send up parts of the shipment to his office, because he may have run out.

Q. So the general practice was that you would turn over the drugs to Dr. Artinian after he'd paid you?

A. Or before, yes, but he got them.

Q. And then you're saying in certain circumstances you would have the product in your pharmacy and Dr. Artinian would call you and request that you send part of the other order up to his office?

A. No, he would tell me that there is a patient coming down, he'd tell me the person's name and and he told me how many to give him and I would give him that quantity.

THE COMMISSIONER: So those would be tablets, were they?

THE WITNESS: No, these are all

injectibles, sir.

THE COMMISSIONER: You'd give the patient the injectible directly?

THE WITNESS: Yes, that's correct, yes.

5 THE COMMISSIONER: With a syringe and everything else?

THE WITNESS: I'm sorry? No, just the injectible, sir.

10 THE COMMISSIONER: What was he going to do with it?

THE WITNESS: He took them, he had made whatever arrangements he was to make with the doctor and then he'd just take the supplies that I gave him and left.

15 MS. CHOWN:

Q. And what was your understanding as to why, on occasion, a patient would be sent down to pick up a vial?

20 A. I could only assume that the doctor had run out of supplies he had on hand and this is the only way to expedite the situation.

Q. And did these patients come down and present a prescription to you?

25 A. No, this wasn't a prescription. They didn't pay me for it. What they did was simply tell me

their name and I would give them the medication. There was no money changed hands, no prescription was involved.

Q. And did you record the fact that you had given drugs to these particular individuals?

5 A. Only so as far as to maintain the total count of the vials that were involved.

Q. And on how many occasions, if you recall, would you have provided vials to individuals coming into your pharmacy from Dr. Artinian's office?

10 A. Many times.

Q. And if I could ask you -- I believe you don't have this in front of you, Mr. Cutler -- just to look at a portion of Exhibit 281, the list of purchases from E. L. Stickley & Company.

15 You will see two pages, the first page relates to purchases made by Dr. Artinian, and on the second page there is a notation, Bloor-Christie Pharmacy.

A. Yes.

Q. Do you have that?

20 A. Yes, ma'am.

Q. And that indicates that from February 1st, 1985 up to and including July 2nd, 1986, there were orders for 1,140 vials of Malogex from the E. L. Stickley Company?

25 A. Yes, that's Malogex and ---

THE COMMISSIONER: And Malogen.

MS. CHOWN:

Q. Sorry, Malogen and Malogex. And those
5 are quite kinds of drugs, Mr. Cutler?

A. They are both testosterone
preparations.

Q. And the total price of those drugs over
that time period was \$18,532?

10 A. That's correct.

Q. And similarly if you will -- sorry,
just to be clear, are those the orders that you placed
with the E. L. Stickley company at the request of Dr.
Artinian?

15 A. Yes, that's correct. I -- here again,
I haven't checked these -- there is no way for me to
concur -- corroborate this, but the amounts indicated
here, it's possible that you may be looking at the total
invoice cost. I'm not sure, I'll have to take your word
20 for it. It's possible that's the total invoice cost.

There may have been other products ordered
from the same people at the same time that did not go to
Dr. Artinian but I'm sorry, I can't be more specific.

Q. I'm advised that in fact the cost here
25 simply included the cost for the drugs.

A. I'll accept that.

Q. And just again so that we're clear, would you have turned over the the 1,140 vials to Dr. Artinian for his use?

5 A. Well, to him or his agents, if you want to call it that, yes.

Q. Yes. Putting it the other way round, did you retain any of these vials for stocking in your own pharmacy?

10 A. No, none.

Q. I'd ask you to look at the second document I put before you, which is a summary of purchases from Taro Pharmaceuticals, and that indicates, Mr. Cutler, commencing on September 23rd, 1986 up to and including
15 August 26, 1988, a total of 1701 vials of testosterone of various kinds were purchased from Taro Pharmaceuticals by Bloor-Christie Pharmacy, is that correct?

A. That is correct.

Q. And the total coast of those drugs for
20 that time period was \$19,382.35?

A. That's what's indicated.

Q. And similar to the purchases from Stickley, did you turn over either to Dr. Artinian or to patients sent by him to you these 1701 vials?

25 A. That is correct.

Q. Can you tell me why the purchases stopped on August 26, 1988?

A. The building was purchased and vacant possession was required; all the people in the building were required to leave by the end of August, '88, and that's what happened.

Q. Your pharmacy left the building ---

A. The entire building became vacant.

Q. And you have not -- I understand, now, you are working in another pharmacy?

A. That is correct.

Q. And have you had any further arrangements of this nature with Dr. Artinian?

A. No, none.

MS. CHOWN: If I might have your indulgence?

Q. If I could just ask one question of clarification, Mr. Cutler.

When these individual patients would come down from Dr. Artinian, would it be the doctor or the patient who would tell you, first of all, what product was required?

A. The doctor would tell me the product and the quantity involved, and the patient to give it to.

Q. And do you recall now whether you provided -- whether you ever provided multiple vials to a patient?

A. It occurred.

5 Q. And how many vials would you have prescribed?

A. I didn't prescribe ---

Q. Not prescribe. Would you have had provided?

10 A. Two or three. Four, sometimes.

Q. And again that would be at the direction of Dr. Artinian?

A. That's right. But that larger number was rather infrequent. It was more like one or two.

15 MS. CHOWN: Thank you. Mr. Commissioner, those are the questions I have.

THE COMMISSIONER: Do you have any questions, Mr. Hughes?

MR. HUGHES: I have do, sir. Very few.

20 THE COMMISSIONER: All right.

--- EXAMINATION BY MR. HUGHES:

25 Q. Mr. Cutler, it's your evidence, is it, that all of your purchases of these testosterone based

drugs were for Dr. Artinian's account?

A. That is correct.

Q. And I take it that your evidence is that none of these quantities of testosterone that were
5 acquired by you were provided to other physicians or prescribed by other physicians, none of them?

A. None of them.

Q. And do I take it that none of them -- none of these quantities, as well, were used simply to
10 maintain your own inventory of these testosterone steroids for general prescription use?

A. I had no inventory of this product or any of the testosterone types in my store at any time.

Q. Well, you would have had an inventory
15 even if you were -- if we accept your evidence that you were then selling them all to Dr. Artinian, you would still have had an inventory of those things for his purpose ---

THE COMMISSIONER: He describes it as
20 buying on Artinian's behalf, not selling it to him.

THE WITNESS: If I might clarify, there was an occasion that occurred on more than one time where the doctor would send a prescription down, a legitimate
prescription orally to me, at which time he would send
25 down to me some of these supplies at which I would pay him

for a subsequent time in cash.

There was no need for me to have any stock of it in the store because he had them. And he supplied them to me on request.

5

MR. HUGHES:

Q. So you never had any of these steroids in your premises at all?

A. Oh, I may have had one or two at the very beginning but that, that stopped.

10

Q. Do you have any -- I haven't seen it, anyway -- do you have any record of your sales or your orders of these particular drugs for Dr. Artinian? Do you have any record of your transfer of these medications to Dr. Artinian and your receipt of payment for them from him?

15

A. I gave him a receipt. The only proof I have is his cancelled cheques.

20

Q. Have you produced those to Commission counsel?

A. No, I haven't.

THE COMMISSIONER: Well, Dr. Artinian agreed that he had an arrangement with this man.

MR. HUGHES: Yes, he does.

25

THE COMMISSIONER: But his view was that it

was a joint venture and his evidence was that it was on Bloor-Christie's own account and part for him.

MR. HUGHES: That's correct. And all I'm asking is there any records which we could use to test that particular evidence.

THE COMMISSIONER: Well ---

MR. HUGHES: And I think Mr. Cutler is saying there aren't.

THE COMMISSIONER: I guess we could go back and get the cheques but I don't see why it's necessary. We have his evidence.

MR. HUGHES: We have his evidence and we have Dr. Artinian's evidence, and I'm not trying to suggest, Mr. Commissioner or Mr. Cutler, that Dr. Artinian didn't acquire testosterone through Mr. Cutler as he suggests, but there may be some difference as to whether this was an exclusive, exclusive arrangement.

THE COMMISSIONER: Well, his evidence was it was sort of a joint venture, by both of you buying you'd get a discount price, cheaper for him and cheaper for you and you'd have some in your stock for Bloor-Christie Pharmacy to sell to other people, and he would get the rest?

THE WITNESS: That's not the case. The, probably the confusion here is this. I simply may have

told him at one time that I was ordering on my own behalf various other medications from this company and he suggested that I try to get some of these for him as well, based on the fact that it would be a price that he could live with.

MR. HUGHES:

Q. A better price than ---

A. A price -- he asked me to check out the price, I told him I was dealing with these companies, anyhow, Stickley in particular. He asked me to check out what price they would charge me and I did so and he was agreeable and I ordered it for him. But I had none in stock nor I had ordered any from my own pharmacy inventory at any time.

Q. But in any event, apart from the cancelled cheques that you may or may not have from Dr. Artinian, you don't have any other summary records of your transfer of these particular drugs to Dr. Artinian?

A. No, I have not.

Q. And similarly, Mr. Cutler, do you have any records at all as to the particular patients who you say came down to your pharmacy to, to acquire these drugs directly?

A. If you're referring to the patients

that Dr. Artinian asked me to supply without a prescription, I have no record of that. He did on occasion send prescriptions for people, I presume I would have that ---

5 Q. So you would have the prescriptions but you don't have a record of any other acquisition other than by way of prescription, do you?

A. That is correct.

10 Q. And am I correct, sir, that the, the particular steroids that are acquired and set out in these records, the testosterone steroids, are not anabolic in the medical terminology?

A. I don't know where you get --- I presume they are anabolic.

15 THE COMMISSIONER: Who said that?

MR. HUGHES: Your understanding is that they are anabolic? Well, I think Dr. Artinian was making a distinction between anabolic and other types ---

20 THE COMMISSIONER: Well, these are all anabolic steroids, as far as I know.

MR. HUGHES: His evidence was that there was a distinction there between anabolic steroids and other types of steroids.

25 THE COMMISSIONER: Well, there is, but these are anabolic steroids. As I understand. That's my

understanding.

THE WITNESS: They are anabolic steroids,
as far as I understand.

5 MR. HUGHES:

Q. And I take it your evidence is also,
sir, that the purchases of testosterone in these forms
ceased in August of 1988?

A. That is correct.

10 MR. HUGHES: Thank you, those are all my
questions.

THE COMMISSIONER: Thank you. Thank you
very much for your assistance.

THE WITNESS: Thank you.

15 THE COMMISSIONER: All right. We're now
going to adjourn until next Tuesday morning, which I think
is the 12th. Tuesday morning at 10 o'clock.

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